

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012703
STANDARD FILE NUMBER

173
REGISTRAR'S NO.

FILED MAR 24 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 173

Health, Welfare, Public Service, 4000, 4, 300, -56, Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms with no diseases. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Louis County				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN French Village		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mary Ridge Conval. Home			Length of stay in 1b 2 MON		d. STREET ADDRESS None		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ROSE Middle CATHERINE Last AUBUCHON				4. DATE OF DEATH Month March Day 16 Year 1958					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 1, 1881		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Louisville, Ky.		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Peter Magre				14. MOTHER'S MAIDEN NAME Mary Reheiss					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Chas. Streckfuss St. Louis (23					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Heart Failure								INTERVAL BETWEEN ONSET AND DEATH 2 mos	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Chronic Myocarditis		DUE TO (c) Arteriosclerosis					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)						
20c. TIME OF INJURY Hour p. m. Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from Jan 21 1908 to March 16 1958 and last saw her alive on March 14 1958 . Death occurred at 2:50 PM 3-16-58 on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>John C. Boyer</i> (Degree or title)				22b. ADDRESS 9612 S. Broadway				22c. DATE SIGNED 3-17-58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
Entombment		3-18-1958		St Ann's Cemetery		French Village, Mo.			
24. FUNERAL DIRECTOR BOYER'S Address Bonne Terre, Mo.				25. DATE RECD. BY LOCAL REG. 3-17-58		26. REGISTRAR'S SIGNATURE <i>Herbert B. Donk</i>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Burlin T. Boyer*.....

Licensed Embalmer No. 3660

P. O. Address Desloge, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.