

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027788

STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1867

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before a. STATE Missouri b. COUNTY St. Francois				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Affton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Bonne Terre		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9311 Dana		Length of stay in lb 1 Week		d. STREET ADDRESS (If outside, give location) Rt. 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last MARTIN EDWARD AUBUCHON				4. DATE OF DEATH Month Day Year July 12, 1958				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 1, 1882		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) French Village, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Joseph Aubuchon			13b. MOTHER'S MAIDEN NAME Mary Aubuchon			14. NAME OF HUSBAND OR WIFE Cora Ethel Mc Carty		
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. 486 32 1945		17. INFORMANT Address Chester Aubuchon St. Louis 23, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic C. V. disease						INTERVAL BETWEEN ONSET AND DEATH 1 yr 7		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertension						1 mo.		
DUE TO (c) Cerebral hemorrhage								
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.) 443X					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT <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 10-19-56 to July 12-1958 and last saw him alive on 7-9-58 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Bert H Klein M.D.				22b. ADDRESS 2632 S. Kingshighway		22c. DATE SIGNED 7-14-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-15-1958	23c. NAME OF CEMETERY OR CREMATORY St. Anns Catholic Cem.		23d. LOCATION (City, town, or county) (State) French Village, Mo.			
24. FUNERAL DIRECTOR ADDRESS BOYER & SON Bonne Terre, Mo.				25. DATE RECD. BY LOCAL REG. 7-14-58		26. REGISTRAR'S SIGNATURE Herbert P. Donde M.D.		

JUL 24 1958

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 B. T. Boyer

Licensed Embalmer No. 31420

P. O. Address Ellesboro, MA

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure 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.