S. No. 2
0M—2-43
v. 5-17-39
1 X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1944

Registration District No. 3143

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12511

State File No.

Primary Registration District No. 1003

Registrar's No. 4185

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jewish Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96 3

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 6446 Chatham Ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME JOYCE D. AUBUCHON

3. (b) If veteran, name war none

3. (c) Social Security No. 492-09-3045.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Robert Aubuchon

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 21 (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	10	11	hr. min.

9. Birthplace St. Francois (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Field-winder.

11. Industry or business Wagner Electric Co.

MOTHER FATHER

12. Name Joe T. Westover.

13. Birthplace unknown (City, town, or county) Missouri 0 (State or foreign country)

14. Maiden name Olive Shaner.

15. Birthplace St. Francois, (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Miss. Beatrice Aubuchon.

(b) Address 6446 Chatham Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/44 (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) MAY 5 1944 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1944 hour 9 minute 25 A M.

21. I hereby certify that I attended the deceased from March 15, 1942 to May 2 1944
that I last saw her alive on May 2, 1944 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metastatic cancer of lung	6 mo
Due to Cancer of cervix	
Due to Primary in Cervix	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 48	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Earle H. Kopp (M. D. or other) M.D.

Address 4500 Olive St. Date signed 5/3/44

(Licensed Embalmer's Statement on Reverse Side)

J.H.Kopp.
4500 Olive St.
FO-3800
3 to 5 P.M.

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City-7

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 this body is not embalmed, fact should be so stated above.