JAN 28 1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42313

1. PLACE OF DEATH
County St Louis — Registration District No. 1784
Township St Ferdinand — Primary Registration District No. 6030
City Jennings (No. 8531 Clifton St. Ward)

File No.
Registered No.

2. FULL NAME Albert G. LaBarge
(a) Residence. No. 8531 Clifton Ave St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jessie LaBarge

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 11-18-1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
53	0	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Albert LaBarge
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Ideal Creeley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Mo.
(STATE OR COUNTRY)

14. INFORMANT: Jessie LaBarge
(Address): 8531 Clifton Ave

15. FILED Dec 18th 1928 O. N. Schuster
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1928, to Dec 17, 1928, that I last saw him alive on Dec 17, 1928 and that death occurred, on the date stated above, at 9.15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
124 B
93 D
Cirrhosis of Liver
Non alcoholic (duration) yrs. 11 mos. ds.
CONTRIBUTORY (SECONDARY): myocarditis
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 122 B1
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Joseph Gall, M. D
Dec 18, 1928 (Address) 3636 Hebert

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cem.
DATE OF BURIAL: 12/20 1928

20. UNDERTAKER: W. A. Stock Und Co
ADDRESS: 2117 E. Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

3636 [illegible]

[illegible] 0903

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