

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

Do not use this space.

✓ 18084

1. PLACE OF DEATH

County Registration District No. *W*
 Township Primary Registration District No. *WUB*
 City *St Louis* (No. *2106 Deshoban*) St. Ward)

File No.
 Registered No. *5056*

2. FULL NAME

(a) Residence, No. *A* St. *26* Ward. (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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5-24* 19*32*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Robert W Labadie*

22. I HEREBY CERTIFY, That I attended deceased from *5-12* 19*32*, to *5-24* 19*32*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 3-1872*

I last saw *him* alive on *5-24* 19*32* Death is said to have occurred on the date stated above, at *6:10 P.M.*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *59 8 21*

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at Home*

Cancer of Liver Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *235*

Other contributory causes of importance: *4660*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Louis Missouri*

13. NAME *Richard Weightman*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

15. MAIDEN NAME *May Collins*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

17. INFORMANT (ADDRESS) *Robert W Labadie 2106 Deshoban St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St Peter and Paul* DATE *May 27* 19*32*

19. UNDERTAKER (ADDRESS) *Arthur J. Pomeroy 2339 Grand St*

20. FILED *MAY 26 1932* *W. J. Starkey* Registrar

Name of operation *NW* Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *Charles H. Howell* M. D.

(Address) *2707 N 14*

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.

Dr. Harold

270 N 14 St

1-4 PM