

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.

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

Do not use this space.

18122

**1. PLACE OF DEATH**

County..... Registration District No. 7901  
 Township..... Primary Registration District No. 0000022  
 City St. Louis, Mo. (No. River Des Peres from Broadway Wadest St. Ward)

File No. ....  
 Registered No. 4328

**2. FULL NAME** Charles Labruyere,

(a) Residence, No. 8421 Reilly St., 1 Ward.  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1921.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
11 10 28

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

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

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. Genevieve Missouri

13. NAME Preston Labruyere

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Emma Snow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede County Missouri

17. INFORMANT (ADDRESS) Preston Labruyere 8421 Reilly

18. BURIAL, CREMATION, OR REMOVAL PLACE Ht. Hope DATE 5-17-33

19. UNDERTAKER (ADDRESS) Southern 6322

20. FILED MAY 17 1933 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 8:10 P.M.

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

Drowning due to fall into River Des Peres from Broadway Wadest Accident

Other contributory causes of importance: 18/8/33

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury May 15, 1933

Where did injury occur? Broadway Wadest St. Louis (Specify city or town, county, and State)

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

Manner of injury Fall

Nature of injury.....  
 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) W. J. Dineen (Address) Deputy Coroner

