

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SEP 16 1935

791  
1003

27798

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. No Baptist Hospital) St. .... Ward) .....

File No.....  
Registered No. 6849

**2. FULL NAME**

(a) Residence No. 6541 Waterman St. 5 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**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary La Barge</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 24 1855</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>11</u>	DAYS <u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Accountant</u>		11. Total time (years) spent in this occupation.....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Rice Oil Co</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis</u>		
13. NAME <u>Joseph La Barge</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>		
15. MAIDEN NAME <u>Preloge Brubaker</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis</u>		
17. INFORMANT <u>Marie E La Barge</u> (ADDRESS) <u>6541 Waterman</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bartram</u> DATE <u>Aug 17</u> 19 <u>35</u>		
19. UNDERTAKER <u>Arthur J. Donnelly</u> (ADDRESS) <u>3449 Riverside</u>		
20. FILED <u>AUG 11 1935</u> <u>J.F. Bredeck</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 1935 to August 10 1935  
I last saw him alive on August 10 1935 Death is said to have occurred on the date stated above, at 3 P. m.  
The principal cause of death and related causes of importance were as follows:  
Prostatic Hypertrophy Date of onset 2 yrs  
137

Other contributory causes of importance:

Name of operation Transurethral Resection Date of Aug 4  
What test confirmed diagnosis? Prostate Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
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? No  
If so, specify.....  
(Signed) Joseph E Fleury M. D.  
(Address) 958 Arcade Bldg

100 Islem.

270 Radcliff a.