

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.

DEC 3 1936

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

Do not use this space.

791

43151

1008

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis (No. 3708² Bates St.)

File No.....

Registered No. 11729

St. Ward)

2. FULL NAME

Charles Labor

(a) Residence, No. 3708² Bates St., 1 Ward.

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)

Married

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

Clara Labor

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

7-12-1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

64

4

15

OCCUPATION

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

Paliswan

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)

N. Y.

13. NAME

Samuel Labor

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

N. Y.

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

Mrs. C. Bates 3708² Bates

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Picker DATE 11-30-36

19. UNDERTAKER (ADDRESS)

Southern Ind. Co. 6322 S. Grand

20. FILED

NOV 27 1936

J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

11-27-1936

22. I HEREBY CERTIFY, that I attended deceased from

Oct 1, 1936, to Nov 26, 1936.

I last saw him alive on Nov 26, 1936. Death is said

to have occurred on the date stated above, at 5:30 a. m.

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

Chc Myocarditis with Arrhythmia fibrillation

Date of onset

Other contributory causes of importance:

930

Name of operation

None

Date of

What test confirmed diagnosis?

None

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None 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?.....

If so, specify

(Signed)

Wm Starbuck

M. D.

(Address)

512 Duane

