

FILED JUN 30 1944  
318

Primary Registration District No. 1008

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Lukes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 0 (Specify whether  
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 820  
(c) City or town Clarksville N.R.O.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Robert LaBerge Jr.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: June 18 1944  
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 1 If less than one day hr. min.

9. Birthplace: St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name William R. LaBerge

13. Birthplace Ia.  
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Mavky

15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant William LaBerge

(b) Address Clarksville Mo.

17. (a) Burial (b) Date thereof 6-20-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksville Mo.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) JUN 19 1944 (b) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19  
year 1944 hour 3 minute 15A. M.

21. I hereby certify that I attended the deceased from 6/18, 1944, to 6/18, 1944,  
that I last saw him alive on 6/18/44,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Asbestosis  
Due to Prematurity  
(30 weeks gestation)

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature C. F. J. Cels (M. D. or other)  
Address 3720 Washington Date signed 6-19-44

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2  
43  
39  
37823

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Albert R. Thompson*

Licensed Embalmer No.....

*4237*

P. O. Address.....

*St. Louis*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**