S. No. 2
M—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38810

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2341

6
13
1

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3255-Royal Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 13 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Overland 13
(If outside city or town limits, write "RURAL")
(d) Street No. 3255-Royal Ave. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HENRY C. LABRIERE
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife MARY
6. (c) Age of husband or wife if alive D years
7. Birth date of deceased Nov. (Month) 1 (Day) 1865 (Year)
8. AGE: Years 79 Months 0 Days 12 If less than one day hr. min.
9. Birthplace Chester (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Self
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or country) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Olives E. La Brere
(b) Address 3255-Royal Ave. Overland, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem.
18. (a) Signature of funeral director Bauman Bros. Inc
(b) Address 2504-Woodson Rd-Overland, Mo.
19. (a) NOV 17 1944 (Date received local registrar) (b) E. G. McGaughey (Registrar's signature) Ass't

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13 year 1944 hour 8 minute 00 P. M.
21. I hereby certify that I attended the deceased from November 13th, 1944 to November 13th, 1944 that I last saw him alive on November 13th, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	24 hrs
Due to: Arteriosclerosis	1 yr.
Due to: 940	
Other conditions: Chronic Gastritis (Include pregnancy within 3 months of death)	1 yr.

Major findings:
Of operations
Of autopsy

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

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature H. T. Coleman M.D. (M. D. or other)
Address Pattonville, Mo. Date signed Nov. 15, 1944

(Licensed Embalmer's Statement on Reverse Side)

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Loveland Mo

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.