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.

FILED JAN 15 1945

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

Do not use this space.

39535

1. PLACE OF DEATH

County ..... Registration District No. 318

Township ST LOUIS Primary Registration District No. 1003

City ..... (No. De Paul Hospital St. ..... Ward)

File No. 11329

Registered No. .....

2. FULL NAME MYRTLE LA BARGE N.R.

(a) Residence, No. 2814 Madison Ave St., Ward. GRANITE-CITY ILL
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE

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 STEPHEN LA BARGE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT-16-1899

7. AGE YEARS 45 MONTHS #3 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) UNKNOWN

FATHER

13. NAME JOHN LEWIS

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

MOTHER

15. MAIDEN NAME LAURA LAUER

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

17. INFORMANT (ADDRESS) Ethel Mae La Barge 2814 Madison Ave

18. ~~BURIAL, CREMATION OR~~ REMOVAL REMOVAL

PLACE GRANITE CITY DATE DEC 31 1944

19. UNDERTAKER (ADDRESS) Charles E Meeker Granite City Ill

20. FILED JAN 3 1945 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31, 1944

22. I HEREBY CERTIFY, That I attended deceased from 9-24, 1944, to ....., 19....

I last saw h. EV alive on Dec 31, 1944. Death is said to have occurred on the date stated above, at 9 48 p. m.

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

Malignant cyst adenoma of left ovary with metastases to liver, large and small intestines and bladder — Date of onset 2 Early 11/2 years

Other contributory causes of importance: None

Name of operation Expl Lap Date of 9/25/44

What test confirmed diagnosis? Tissue exam 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?

If so, specify

(Signed) Rommel Kane, M. D.

(Address) 1117 N Grand Blvd St Louis

100M-11-24-33

Charles E Mercer
2988
Granite City Ill