S. No. 2
M—5-43
. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24801

Registration District No. 206 Primary Registration District No. 5749 Registrar's No.

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Rural Polk
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mountain Grove
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community one day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6948 PRINCETON AVE, 5
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME William M. La Bagge

3. (b) If veteran, name war World War I

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Nov. (Month) 10, (Day) 1895 (Year)

8. AGE: Years 51 Months 8 Days 12 If less than one day ___ hr. ___ min.

9. Birthplace Emporia (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Realtor

11. Industry or business Real Estate

FATHER
12. Name William La Bagge
13. Birthplace Baltimore (City, town, or county) Maryland (State or foreign country)

MOTHER
14. Maiden name Sarah Ann McCutcheon
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Nina M. La Bagge
(b) Address Maryland Heights, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-47 (Month) (Day) (Year)

(c) Place: burial or cremation Bethania Cemetery St. Louis, Co.

18. (a) Signature of funeral director Sam Bajin, Jr.
(b) Address Fredericktown, Mo.

19. (a) 7-23-1947 (Date received local registrar) (b) Florence Hicks (Registrar's signature) 1947

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 47 year 11 hour 30 minute A. M.

21. I hereby certify that I attended the deceased from 5, 19__, to July 22, 1947 that I last saw him ~~alive on~~ dead 7 22, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy. Duration Immediate

Due to Myocarditis - months

Due to

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy none

G 3 E

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? none (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 — (1)

23. Signature W E Bryanson (M. D. ~~or other~~)
Address Fredericktown Date signed: 7 22 47

(Licensed Embalmer's Statement on Reverse Side) Coroner.

SEP 10 1947

RECEIVED

District Health Officer No. 4

District File Number 747-993

Date Filed 7-30-47

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 Sam Najim, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown, 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.