

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED AUG 28 1948 318

Registration District No. 318

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27929

Registrar's No. 7255

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: Barnes Hospital 0  
(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 \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JOSEPH W. LA. BARGE

3. (b) If veteran, name war None

3. (c) Social Security No. 489-22-0011

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Frankie La Barge

6. (c) Age of husband or wife in years 58

7. Birth date of deceased November 14 1884  
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 3  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Clerk

11. Industry or business N.O. Nelson Co.

12. Name Albert La Barge

13. Birthplace St. Louis Missouri 0  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Creels

15. Birthplace St. Louis Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frankie La Barge

(b) Address 3890 Juniata Str.

17. (a) Burial (b) Date thereof 8-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Blvd.

19. (a) 18 1948 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 17

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3890 Juniata 9  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th  
year 1948 hour 12:15 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from July 19th 1948 to Sept 19th 1948  
and that I last saw him alive on July 19 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis Duration 11 1/2 months

Due to Arteriosclerosis  
1947-7-1948

Due to Chronic Indigestion  
Nephritis 1947-7/19/48

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

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

Of autopsy 121

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? \_\_\_\_\_

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

(c) Means of injury \_\_\_\_\_

22. Signature of Joseph L. Schaefer (M. D. or other) 8/18/48  
525 Thibault Pluss Date signed \_\_\_\_\_  
Blm g. St. Louis 3, Mo.

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

MOTHER FATHER

*mana*

*4007 535*

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**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 *Richard W. Howard*

EM 11  
Licensed Embalmer No. *4007*

P. O. Address.....

**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.**