

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6787

FILED FEB 17 1956

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 966

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bethesda Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Margaret</b> b. (Middle) <b>Gaddis</b> c. (Last) <b>LaBerge</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>January 27, 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>March 27, 1867</b>
9. AGE (In years last birthday) <b>88</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>School Teacher</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		13a. FATHER'S NAME <b>O. M. LaBerge</b>	
13b. MOTHER'S MAIDEN NAME <b>Margaret Rebecca Lacy</b>		14. NAME OF HUSBAND OR WIFE <b>-----</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ada LaBerge</b>
17. ADDRESS <b>377 N. Taylor</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchitis pneumoniae bilateral</b> INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>491x</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>1-22</b> , 1956, to <b>1-27</b> , 1956, that I last saw the deceased alive on <b>1-27</b> , 1956, and that death occurred at <b>4:28p m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>[Signature]</b>		23b. ADDRESS <b>4500 Olive</b>	
23c. DATE SIGNED <b>1-28-56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Jan. 30, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Alexander &amp; Sons 6157 Delmar Blvd.</b>	
DATE REC'D BY LOCAL REG. <b>JAN 28 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	

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

S. P. (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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Joseph E. McCulloch*

Licensed Embalmer No. 246

P. O. Address 617 5th

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.