

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

Do not use this space.

18772

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis Mo. (In Lutheran Hospital, Ohio & Potomac Ward)

File No.....  
 Registered No. 5167

**2. FULL NAME**

William H. Sargent  
 (a) Residence No. 5406 Murdoch St. 17 Ward.  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Sally Sargent</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec. 4-1875</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>5</u>
	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Office Manager</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>51B 51C 53D</u> (c) Name of employer		

PARENTS	9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>
	10. NAME OF FATHER <u>Samuel Sargent</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Wisconsin</u>
	12. MAIDEN NAME OF MOTHER <u>Eva Marie Hoehne</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>

14. INFORMANT (Address) <u>Mrs. Sallie Sargent</u> <u>5406 Murdoch av.</u>
15. FILED <u>May C. Starckoff</u> REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1928  
 17. I HEREBY CERTIFY, That I attended deceased from 25 February, 1928, to May 8, 1928  
 that I last saw him alive on May 8, 1928 and that death occurred, on the date stated above, at 10:20 p.m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:

carcinoma of Prostate, Bladder, Livers, pelvic bones  
 (duration) yrs. 11 mos. ds.  
 CONTRIBUTORY secondary anaemia  
 (SECONDARY) (duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRAINED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
 WAS THERE AN AUTOPSY? yes  
 WHAT TEST CONFIRMED DIAGNOSIS? Salic. & C. gatorney  
 (Signed) Herschel G. Hubard, M. D.  
 , 19 (Address) 600 Carleton Bldg.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
New St. Marcus Cemetery May 11 1928  
 20. UNDERTAKER ADDRESS  
E. J. Schmur 3125 Lafayette av.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

X. 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.

