

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

Do not use this space.

3757

1. PLACE OF DEATH

County..... Registration District No. 491
Township..... Primary Registration District No. 1003
City St. Louis (No. 4393 Chouteau dr) St. Ward.....

File No.
Registered No. 959
St. Ward.....

2. FULL NAME

Jean B. Fargente
(a) Residence No. 4393 Chouteau dr St., 18 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (circle the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Margaret McEllopp Fargente

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 10 - 1859

7. AGE	YEARS	MONTHS	DAYS	IT LESS than 1 day, hrs. or min.
	<u>71</u>	<u>3</u>	<u>14</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Labourer 237
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) France 9
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) France
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) France
(STATE OR COUNTRY)

14. INFORMANT Mr. James Conway
(Address) 4393 Chouteau dr

15. FILED JAN 26 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930 to Jan 24, 1931
that I last saw him alive on Jan 24, 1931, and that death occurred, on the date stated above, at 1.45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Subs. Pneumonia
102
97 (duration) yrs. mos. ds.

CONTRIBUTOR (SECONDARY) arteriosclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 108

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. E. Sletto M. D.

174, 1931 (Address) 4300 Birchwood

*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 Cadaver Cemetery DATE OF BURIAL Jan 27 1931

20. UNDERTAKER Cullman Bros 1710 N. Grand St. ADDRESS

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.

Dr. Sheets

4300 Manchester A

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