

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1000
 City St. Louis (No. 2043, Park St. 23 Ward) File No. 42047
 Registered No. 11170

2. FULL NAME

Virginia Lee Sargent
 (a) Residence, No. 2043 Park St., 23 Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19 - 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
 - 10 26 -

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -
 10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

MOTHER 13. NAME Floyd Sargent

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

15. MAIDEN NAME Ruth Omann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East St. Louis
Illinois

17. INFORMANT Mrs. Ruth Sargent
 (ADDRESS) 2043 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mathias DATE 12-16 1932

19. UNDERTAKER Witt Brothers & Co.
 (ADDRESS) 2029 S. Independence

20. FILED DEC 16 1932 W. C. Stuber Registrar.

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 1932

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 4:25 m.

The principal cause of death and related causes of importance were as follows:

Bronchio
107th Pneumonia
Primary
 Other contributory causes of importance: 107th

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify J. W. Kerner M.D.
 (Signed) J. W. Kerner (Address) Dep. Coroner

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.

