

DEC'D MAY 10 1938

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

12774
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township _____ Primary Registration District No. _____
 (c) City St. Louis (d) Street No. 1041 Julia Registered No. 3378
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert Lee Sargent 625

(a) Residence, No. 1040 Julia St. 23 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 11 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter
 9. Industry or business in which work was done, as 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) St. Louis
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Lee Sargent
 14. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Sue Mueller
 16. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

17. INFORMANT Gertrude Sargent
 (ADDRESS) 1040 Julia Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri Crematory April 11, 1938

19. FUNERAL DIRECTOR Weick Bros.
 (ADDRESS) 2201 So. Grand Blvd

20. FILED APR 11 1938
J. P. Budick Local Registrar

PHYSICIAN'S ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1938

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

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:25 A.M.

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

Phthisis Pulmonalis.

Other contributory causes of importance:

Chronic Atrophic Cirrhosis of Liver.

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 _____
 (Signed) Joseph T. Quinn M.D.
 (Address) Raymond Avenue

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.

1. X12004

STATEMENT BY LICENSED EMBALMER

I, George C. Weick, Licensed Embalmer No. 2268

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

.....L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed

George C. Weick

..... Licensed Embalmer No. 2268

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.)