

Registration District No. 317

Primary Registration District No. 60th 4467

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Valley Park  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Meramec Sta. Rd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none (Specify whether  
In this community 84 years. (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Valley Park  
(If outside city or town limits, write "RURAL")  
(d) Street No. Meramec Sta. Rd.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

James Sargent

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Julia Sargent  
6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased Feb. 12, 1859  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13  
year 1943 hour 8 minute \_\_\_\_\_ A. M.  
21. I hereby certify that I attended the deceased from Jan 1  
1943 to April 13 1943  
that I last saw him alive on 13 of April 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to Cancer Of Stomach  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature F. O. Keith (M. D. or other)  
Address Valley Park, MO Date signed 4-17-43

8. AGE: Years Months Days If less than one day  
84 2 1 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired laborer,

11. Industry or business Valley Park, Lumber Co.

12. Name Samuel Sargent,

13. Birthplace Ireland.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Doyle,

15. Birthplace Ireland.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julia Sargent,

(b) Address Valley Park, Mo.

17. (a) Burial (b) Date thereof Apr. 15, 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery.

18. (a) Signature of funeral director Schrader Funeral Home,

(b) Address Ballwin, Mo.

19. (a) APR 15 1943 (b) C. H. McFarland  
(Date received local registrar) (Registrar's signature)

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

96  
16  
0

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Theo. Schrader*

Licensed Embalmer No.

*3066*

P. O. Address

*Dallwin, Mo.*

**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 this body is not embalmed, fact should be so stated above.**