

X32873

FILED MAY 6 1943  
Registration District No. **217**

Primary Registration District No. **3063**

Registrar's No. **890**

1. PLACE OF DEATH:

(a) County **Mo.**  
(b) City or town **Clayton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis County Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 mon. 25 days**  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **Oney Sargent**

3. (b) If veteran, name war **?** 3. (c) Social Security No. **?**

4. Sex **male** 5. Color or race **white colored** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Ethel Sargent** 6. (c) Age of husband or wife if alive **29** years

7. Birth date of deceased **March 3, 1889**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**54 1 2** hr. min.

9. Birthplace **Galveston Tenn.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Moulder**

11. Industry or business **unemployed**

12. Name **Rufe Sargent**

13. Birthplace **Pilot Knob Tenn.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Della Grant**

15. Birthplace **Pilot Knob Tenn.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Naomi Sargent**

(b) Address **3615 Cook Ave**

17. (a) **Burial** (b) Date thereof **4-16-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washing of Park**

18. (a) Signature of funeral director **Lee J. Sneed**

(b) Address **3645 S 17 Traylor**

19. (a) **APR 16 1943** (b) **C. J. McElroy**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **5**  
year **1943** hour **7** minute **:45A.**M.

21. I hereby certify that I attended the deceased from **2-11-43**  
19. to **4-5-43** 19.

that I last saw him alive on **4-5-43** 19.  
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia** Duration **8 days.**

Due to **Glomerulo nephritis** **3 weeks**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **131**  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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 **Robert A. Hall** (M. D. or other) **M.D.**  
Address **ST. LOUIS COUNTY HOSP** Date signed **4-5-43**

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

MOTHER FATHER

96

**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.....

Licensed Embalmer No. 2266

P. O. Address 2812 Thomas St, St Louis

**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.**