

FILED MAY 31 1946

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4534**

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME **Frank L. Sargent**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **About 1871**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**About 75** hr. min

9. Birthplace **Washington Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Railroad Conductor**

11. Industry or business **Missouri Pacific R.R.**

12. Name **Frank Sargent**  
13. Birthplace **Unknown New York**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Unknown**  
15. Birthplace **Unknown New York**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. C.E. Sargent**  
(b) Address **6194 Washington Blvd.**

17. (a) **Burial** (b) Date thereof **5-22-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Washington, Missouri**

18. (a) Signature of funeral director **Albert H. Hoppe**  
(b) Address **4700 Washington Blvd.**

19. (a) **MAY 30 1946** (b) **J. P. Brudeck**  
(Date registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3914a Labadie Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **20**  
year **1946** hour **7** minute **00** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Bilateral Tubercular Pneumonia & Fracture Ribs**  
**He was walking up the stairs of his home at 60 feet south of 3914a Washington Ave. on May 17, 1946.**

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations **170**

Of autopsy **18 21**

PHYSICIAN

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) **Unsubstantiated**  
(b) Date of occurrence **May 17, 1946**  
(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?  
**Public Street**

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury **As above**  
23. Signature **Walter E. Skyles** (M. D. or other)  
Address **Big Carver** Date signed **5/20/46**

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

MOTHER FATHER

JUN 8 1948

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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.....

*Henry M. Brammer*

Licensed Embalmer No.....

*4200*

P. O. Address.....

**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.**