No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

3029

FILED JAN 22 1948

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 413

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

RAIL*WAY

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Lukes Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0-0-0

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5373 Theodosia Ave. 9
(If rural, give location)

6

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Eva Lee Sargent

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife William Sargent

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 29 (Day) 1877 (Year)

8. AGE: Years 70 Months 3 Days 14 If less than one day hr. min.

9. Birthplace Owensboro (City, town, or county) Ky. (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name William Castlin
13. Birthplace (City, town, or county) La. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Ky (State or foreign country)

16. (a) Informant Robert N. Castlin
(b) Address 5373 Theodosia Ave.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 1-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Owensboro Ky.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) JAN 14 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13
year 1948 hour 3 minute 25 A.M.

21. I hereby certify that I attended the deceased from Oct. 1947 to Jan. 13 1948
that I last saw her alive on Jan. 12 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cervix c̄ generalized metastases. — Duration 2 yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Geo. W. Lutner (M. D. ~~or other~~)
Address 3720 Washington Blvd. Date signed Jan. 14, 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

1 to 3

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 Warren A. Carver

Licensed Embalmer No. 353 X

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.