No. 2
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17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 20 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 15042

Primary Registration District No. 6076

Registrar's No. 911

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 54 years
years, months or days)

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. 1519a So. Broadway
(If rural, give location)

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

If yes, name country -

3. (a) PRINT FULL NAME SARGENT, George W.

3. (b) If veteran, name war I

3. (c) Social Security No. 492 12 9794

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased March 4, 1893
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 55 | 1 | 2 | hr. min. |

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

10. Usual occupation Iron Worker

11. Industry or business -

FATHER
12. Name ~~xxxxxxx~~ Robert L. Sargent
13. Birthplace ~~xxxxxxx~~ Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ~~xxxxxxx~~ Susie Sargent
15. Birthplace ~~xxxxxxx~~ Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar

(b) Address VAH, Jefferxon Barracks, Mo.

17. (a) burial (b) Date thereof April 9/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan, St. Louis, Mo.

19. (a) 4-9-48 (b) Cecil A. Sharp MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1948 hour 12 minute 45 p.M.

21. I hereby certify that I attended the deceased from Dec. 2, 1947, to April 6, 1948;
that I last saw him alive on April 6, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF THE ASCENDING COLON

Due to 46

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

Duration: Unk

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) none

(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 L. E. Stilwell (M. D. or ~~xxxx~~)

Address VAH, Jeff. Brks., Mo. Date signed 4/6/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

APR 21 1948

## 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 Tom M Sezemore

Licensed Embalmer No. 4343

P. O. Address [illegible]

**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.