

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7385

State File No.

26006-53
 FILED MAR 2 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 423

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Affton, Mo.</u>) c. LENGTH OF STAY (In this place) <u>LIFE</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7721 Delmont</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST. Louis</u> c. CITY OR TOWN <u>Affton 4830</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>7721 Delmont</u>	
3. NAME OF DECEASED (Type or Print) <u>Edgar M. Sargent</u> a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>2-15, -54</u>	
5. SEX <u>male 0</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>May 2, 1953</u>
9. AGE (In years last birthday) <u>10 MONTHS</u>	# UNDER 1 YEAR Days # UNDER 1 MONTH Hours # UNDER 1 MIN. Min.	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo. 0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Richard S. Sargent</u>	
13b. MOTHER'S MAIDEN NAME <u>Louise Phigley</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Richard Sargent, 7721 Delmont Affton 23, Mo.</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strangulation in his home while seated in his high-chair, when he slipped down from the seat, his chin catching on the edge of the tray, his throat pressing against the tray and closing his windpipe.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>936027</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lakewood 400 St. Louis MO</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2/15/54 12:40P</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Slipped down in high-chair and caught chin on tray of chair.</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12 noon</u>, from the causes and on the date stated above.			
23a. SIGNATURE <u>Arnold J. Willmann</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Clayton, Mo.</u>	
23c. DATE SIGNED <u>2/18/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2-17-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u>	
DATE REC'D BY LOCAL REG. <u>2-16-54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>6322 S. Grand Blvd.</u>		_____	

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

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Francis J. Myland*
Licensed Embalmer No. *454*
P. O. Address *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.