

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42782

FILED DEC 16 1954

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State File No. 10872

Registrar's No. 10872

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____	
1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>ST. CLAIR</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place) <u>3 Mos.</u>		c. CITY OR TOWN <u>East St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Childrens Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>1921 McCASKAND</u> <u>8120</u> <u>8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cleatus</u> b. (Middle) <u>Evelyn</u> c. (Last) <u>SARGENT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27 1954</u>				
5. SEX <u>3</u> <u>FEMALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>JAN. 6, 1947</u>	
9. AGE (In years last birthday) <u>7 YRS.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Public Schools</u>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>John SARGENT</u>			13b. MOTHER'S MAIDEN NAME <u>KINNIEBREW, Ruth</u>			14. NAME OF HUSBAND OR WIFE _____	
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. Donahoe 500 S. Kings Highway</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Neuroblastoma (Metastatic)</u> MEDICAL CERTIFICATION INTERNAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>193X</u>			
22. I hereby certify that I attended the deceased from <u>Aug 23, 1954</u> , to <u>Nov. 27, 1954</u> , that I last saw the deceased alive on <u>Nov. 27, 1954</u> , and that death occurred at <u>6:05 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. L. Thurston</u>			23b. ADDRESS <u>500 So. Kings Highway</u>			23c. DATE SIGNED <u>11-27-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov 29, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>East St. Louis, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>NOV 29 1954</u>		REGISTRAR'S SIGNATURE <u>Charles Smith MD</u> <u>MJS</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marshall Funeral Home - East St. Louis, Ill</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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

Student.....  
Signature of Student Embalmer

Signed *Thomas M. Deaton*.....

Licensed Embalmer No. 4479  
2205 Missouri  
P. O. Address East 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.