

FILED JUL 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25591

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4466 Registrar's No. 1740

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

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 4466		Registrar's No. 1740	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Shrewsbury		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Shrewsbury		11561	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7220 Weil Ave.				d. STREET ADDRESS (If rural, give location) 7220 Weil Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle)		c. (Last) Sargent		4. DATE OF DEATH (Month) (Day) (Year) July 18 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 11/11/1894	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Racine, Wisc.		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Rohan		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE D. F. Sargent			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Yes		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hazel Wynne 7220 Weil Ave.			
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) self-inflicted strangulation by ligature-body found hanging from tree in backyard. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) tree in backyard. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 974X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 974X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) backyard		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Shrewsbury, St. Louis, Mo.			
21d. TIME (Month) (Day) (Year) OF INJURY 7 18 50		21e. INJURY OCCURRED (Hour) WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? hanging by neck by rope from tree			
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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Wm. J. Williams</i> 3 Coroner				23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 7/18/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/21/1950		24c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery		24d. LOCATION (City, town, or county) (State) Lemay, Mo.	
DATE REC'D BY LOCAL REG. 7-18-50		REGISTRAR'S SIGNATURE <i>Robert M. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hoffmeister Colonial Mortuary 604 Chippewa St. (Licensed Embalmer's Signature—Reverse Side)			

44001

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
Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 Broadway

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.