

S. No. 300
V. 10.48

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25686

State File No. 1095

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1095

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>11 days</u>		d. STREET ADDRESS (If rural, give location) <u>5646 Kingsbury Blvd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Abigail (Abbie) W. Sargent</u>		b. (Middle) _____ c. (Last) <u>Stewart</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 5 1954</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Nov. 4, 1876</u>		9. AGE (In years last birthday) <u>77</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Rome, Georgia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Sargent</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Webb</u>	
14. NAME OF HUSBAND OR WIFE <u>Alcee Stewart</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Stewart Brown, 5646 Kingsbury</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION: I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphocytic leukemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>2040</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 13 19 53</u> , to <u>July 5</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>July 5</u> , 19 <u>54</u> , and that death occurred at <u>10:50Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>G. O. Brown M.D.</u>		23b. ADDRESS <u>1325 South Grand Blvd., St. Louis 4, Missouri.</u>	
23c. DATE SIGNED <u>7/6/54</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>	
23e. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>7/8/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. R. Luntton & Sons, 7233 Delmar</u>	
DATE REC'D BY LOCAL REG. <u>7/6/54</u>		REGISTRAR'S SIGNATURE <u>Heber C. Lamb</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C. R. Luntton & Sons, 7233 Delmar</u>		ADDRESS <u>7233 Delmar</u>	

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

(Licensed Embalmers' Signature on Reverse Side)

2 10

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 Clarence H. Murray

Licensed Embalmer No. 40110

P. O. Address St. Louis, Mo.

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.