FILED SEP 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30472
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1941

1. PLACE OF DEATH
a. COUNTY ST LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Larimore — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1100 Northdale — Length of stay in lb years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY STL
c. CITY OR TOWN Larimore 4010 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 1100 NORTHDALE — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HARRY Middle A Last SARGENT
4. DATE OF DEATH Month AUG Day 3 Year 1957
5. SEX M
6. COLOR OR RACE W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH NOV 18 1886
9. AGE (In years last birthday) 71 — 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) FILLING STATION
10b. KIND OF BUSINESS OR INDUSTRY OIL
11. BIRTHPLACE (City and state or country) ST LOUIS MO.
12. CITIZEN OF WHAT COUNTRY? U.S
13. FATHER'S NAME WM. C. SARGENT
14. MOTHER'S MAIDEN NAME MARY STENGEL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 496 36-4680
17. INFORMANT Address Mrs Harry Sargent

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 30 min.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ------
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year ------
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) ---
20f. CITY, TOWN, OR LOCATION --- COUNTY STATE

21. I attended the deceased from 10/6/54, to 8/3/57 and last saw ~~her~~ him alive on 8/3/57
Death occurred at 6:15 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Norman A. James, M.D.
22b. ADDRESS 9903 Diamond Dr., St. Louis 15, Mo.
22c. DATE SIGNED 8/5/57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE AUG 6, 57
23c. NAME OF CEMETERY OR CREMATORY BETHLEHEM
23d. LOCATION (City, town, or county) (State) St Louis Co, Mo.

24. FUNERAL DIRECTOR A. Kim — ADDRESS 2707 N. Grand
25. DATE RECD. BY LOCAL REG. 8/5/57
26. REGISTRAR'S SIGNATURE Herbert R. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leon E Per

Licensed Embalmer No. 4

P. O. Address Thom

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.