

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36832

FILED DEC 1 0 1942
Registration District No. 33

Primary Registration District No. 3010

State File No.

Registrar's No. 329

1. PLACE OF DEATH:
 (a) County *Cape Girardeau*
 (b) City or town *Cape Girardeau*
 (c) Name of hospital or institution: *101 S Blvd - (Dying home)*
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution *all life* (Specify whether
 In this community *years, months or days*)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Cape Girardeau*
 (c) City or town *Cape Girardeau* (If outside city or town limits, write "RURAL")
 (d) Street No. *301 N. Blvd.* (If rural, give location)
 (e) Citizen of foreign country? *0* (Yes or No)
 If yes, name country *0*

3. (a) PRINT FULL NAME *ALVINA Regardt*3. (b) If veteran, name war: *WW II*3. (c) Social Security No. *2 12 12 12 12 12*4. Sex *Female* 5. Color or race *White*6. (a) Single, widowed, married, *2* divorced *Widowed*6. (b) Name of husband or wife: *—*6. (c) Age of husband or wife if alive *—* years7. Birth date of deceased *June 19 1865* (Month) *19* (Day) *1865* (Year)8. AGE: Years *77* Months *5* Days *22* If less than one day *—* hr. *—* min. *—*9. Birthplace *Cape Girardeau Mo. 0* (City, town, or county) *0* (State or foreign country)10. Usual occupation *Housewife*

11. Industry or business

12. Name *William Thierschau*13. Birthplace *Cape Girardeau Mo. 0* (City, town, or county) *0* (State or foreign country)14. Maiden name *Sonstig*15. Birthplace *—* (City, town, or county) *—* (State or foreign country)16. (a) Informant *Mary L. Johnson* (b) Address *—*17. (a) Burial *Burial* (b) Date thereof *11-26-42* (Month) *26* (Day) *42* (Year)18. (a) Signature of funeral director *John J. Blawie* (b) Address *Cape Girardeau Mo.*19. (a) Date received local registrar *12-28-42* (b) Registrar's signature *J. H. Phelps*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Nov.* day *23* year *1942* hour *20:00 (2)* minute *—* M.21. I hereby certify that I attended the deceased from *Oct. 31st* 1942 to *Nov. 23rd* 1942, that I last saw him alive on *Nov. 20th* 1942, and that death occurred on the date and hour stated above.Immediate cause of death *Cerebral apoplexy.*Duration *2* found dead in bed 5:00 a.m. Due to *arterio-sclerosis* *6 yrs*Due to *age* *3 yrs*Other conditions *rickets* (Include pregnancy within 3 months of death) *PHYSICIAN*Major findings: *Of operations* *0*Of autopsy *none* *0*

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) *—*
 (b) Date of occurrence *—*
 (c) Where did injury occur? *—*
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? *—*

While at work? *—* (Specify type of place) (e) Means of injury *—*

23. Signature *G. H. Blawie* (M. D. or other) *—*Address *Cape Girardeau Mo.* Date signed *12/30/42*

1011

(Licensed Embalmer's Statement on Reverse Side)

_IVED

District Health Officer No.

District File Number 1242-1494

Date Filed 12-9-42

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signee

Willard H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Guardafjord, N.D.

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.