

36832

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 10 1942

Registration District No. 23

Primary Registration District No. 3010

Registrar's No. 329

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(c) Name of hospital or institution: 1018 Blvd - (Sister's home)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ALVINA REGENHART

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 1865 years

7. Birth date of deceased June 10 (Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 22 If less than one day hr. min.

9. Birthplace Cape Girardeau Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name William Thueskauf

13. Birthplace Berens (City, town, or county) (State or foreign country)

14. Maiden name Santander

15. Birthplace Id. (City, town, or county) (State or foreign country)

16. (a) Informant Ed + wife Regenhardt

(b) Address Mount Vernon, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-42 (Month) (Day) (Year)

(c) Place: burial or cremation Larimore Cemetery

18. (a) Signature of funeral director W. S. Hawell

(b) Address Cape Girardeau Mo

19. (a) 12-8-42 (Date received from registrar) (b) J. H. Phelps (Registrar's signature)

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. 381 N. Blvd. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23 year 1942 hour 20:30(2) minute M.

21. I hereby certify that I attended the deceased from Oct. 31 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
found dead in bed 5 a.m.
Due to arteriosclerosis 6 yrs

Due to age

Other conditions hypertension 3 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations none 830
Of autopsy none

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? (City or town) (County) (State)
(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 W. S. Hawell (M. D. or other) 0
Address Cape Girardeau, Mo Date signed 4/30/42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

LIVED

District Health Officer No. B

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.

Signed Willard H. Ester

Licensed Embalmer No. 3568

P.O. Address Cape Girardeau, 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.