

MAY 28 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

13962

1. PLACE OF DEATH

County St. LouisRegistration District No. 1170

File No.

Township

Primary Registration District No. 1624810Registered No. 92

City

Richmond Hts.St. Marys Hospital

St.

Ward

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Alexander Reggat

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Feb'y 16 1841

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs.

or min.

89. 2. 6.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mendon, Ill.

10. NAME OF FATHER

Abram Benton

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Connetquot

12. MAIDEN NAME OF MOTHER

Sarah Chittenden

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Connetquot

14.

INFORMANT

(Address)

Dr. A. C. Reggat
5247 W. Westminster

15.

FILED

4/23 1930

L. S. Jones

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

April 22, 1930

17.

I HEREBY CERTIFY, That I attended deceased from March 5th, 1930, to April 22nd, 1930 that I last saw him alive on April 22nd, 1930 and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis Chronic
Cardiac Failure
1 to 19 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Partial Interventricular Obstruction
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH

1 DID AN OPERATION PRECEDE DEATH?

Yes DATE OF March 26-1930

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

Exploratory Operation

(Signed)

August E. Hishman, M. D.

April 23, 1930 (Address) 6194 Belmont Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Bellefontaine Cem.

4/24 1930

20. UNDERTAKER

C. R. Rupton

4449 Cur. Street

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1-3

6194 Delmar.