

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

Do not use this space.

20407  
~~20506~~

**PLACE OF DEATH**

County St. Louis Registration District No. 757  
 Township \_\_\_\_\_ Primary Registration District No. 3036  
 City St. Louis (No. 533 Commons Club St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
 Registered No. 175

**2. FULL NAME**

August Regot

(a) Residence, No. 533 Commons Club St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thelitha Lane

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep 2 - 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
70 9 25

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) De Pere  
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER J. Regot  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) France  
 (STATE OR COUNTRY) \_\_\_\_\_  
 12. MAIDEN NAME OF MOTHER No history  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No history  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Chas F Regot  
 (Address) St. Louis Mo

15. FILED 6/28/30 Hy B Bloebaum  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27 1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
June 27, 1930,  
 that I last saw h alive on June 27, 1930, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

92A Myocarditis  
930 (duration) yrs. mos. ds.

CONTRIBUTORY Myocarditis  
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED POA

IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Otto B. Deak Coroner, M. D.  
 , 19 (Address) St Charles Mo.

\*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 Oak Grove Cem DATE OF BURIAL June 29 1930

20. UNDERTAKER W. Hillman & Sons Co ADDRESS St. Louis Mo

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.

