

FILED SEP 9 1944
Registration District No. **273**

Primary Registration District No. **3051**

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

1. PLACE OF DEATH:

(a) County **Perry**
(b) City or town **Perryville Mo.**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **71-6-1**
In this community **71-6-1**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Perry**
(c) City or town **Perryville Mo.**
(d) Street No.
(e) Citizen of foreign country?
If yes, name country.

3. (a) PRINT FULL NAME **Josephine Regelsperger**

3. (b) If veteran, name war
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Andrew Regelsperger**
6. (c) Age of husband or wife if alive years

7. Birth date of deceased **February 12 1873**
(Month) (Day) (Year)

8. AGE: Years **71** Months **6** Days **1**
If less than one day hr. min.

9. Birthplace **Perry Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business

MOTHER FATHER

12. Name **Lawrence Weber**

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

14. Maiden name **Unkon**

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

16. (a) Informant **Carl Regelsperger**

(b) Address **Perryville Mo.**

17. (a) **Burial** (b) Date thereof **8-16-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Perryville Mo.**

18. (a) Signature of funeral director **Young Young**

(b) Address **Perryville Mo.**

19. (a) **8-16-44** (b) **Ernest Elder**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **13**
year **1944** hour **10** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **9:30 A.M. Aug 12**, 1944, to **6:15 P.M. Aug 13**, 1944; that I last saw her alive on **Aug 13**, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocardial disease**
Subacute Endocarditis
Chronic Vascular disease
General arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **92d**
Of autopsy

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) (c) Means of injury

23. Signature **E. J. Gahan** (M.D. or other) **DO**
Address **Perryville** Date signed **Aug 15 '44**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 944-4319
Date Filed 19-8-44

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 Edward B. Young

Licensed Embalmer No. 2138

P. O. Address Pennington, 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.