V. S. No. 2
00M—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944

Registration District No. 16

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34535

Primary Registration District No. 5595

Registrar's No. 31

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town BARNHART, Mo. Rare St Ins
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
HOME BARNHART, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 14 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JEFFERSON 50

(c) City or town BARNHART Mo
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country --- 0

3. (a) PRINT FULL NAME JOHN H. REGAL

3. (b) If veteran, name war NONE

3. (c) Social Security No. .....

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MAY REGAL.

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased MARCH (Month) 3, (Day) 1867 (Year)

8. AGE: Years 77 | Months 7 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace ST LOUIS (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation PRINTER

11. Industry or business .....

FATHER
12. Name WALLACE C. REGAL.
13. Birthplace DEERFIELD (City, town, or county) OHIO 1 (State or foreign country)

MOTHER
14. Maiden name ADAH ROGERS
15. Birthplace DEERFIELD (City, town, or county) OHIO 1 (State or foreign country)

16. (a) Informant MRS MAY REGAL

(b) Address BARNHART - Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT (Month) 23 (Day) 1944 (Year)

(c) Place: burial or cremation ST. MATHEW CEM. ST LOUIS Mo

18. (a) Signature of funeral director HEILIGTAG FUN. HOME

(b) Address KIMMSWICK Mo

19. (a) 10/23/44 (Date received local registrar) (b) C H Clement (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 20TH year 1944 hour 7TH minute 7 M.

21. I hereby certify that I attended the deceased from 4/1/40 ....., 19..., to 10-20-44, 19...; that I last saw ~~him~~ alive on 10-20-44, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to .....

Due to .....

Other conditions Senility 93d
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature C. J. Reich (M. D. or other) MD

Address Kimmswick, Mo Date signed 10/21/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 11-9-44

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 Elmer Heiligtag

Licensed Embalmer No. 3571

P. O. Address Kimmswick 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.