

FILED JAN 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

494

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>22 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Old Appleton</u>		/ 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u> (1)				d. STREET ADDRESS (If rural, give location) <u>Main Street.</u> / 1			
3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u>		b. (Middle) <u>Andrew</u>		c. (Last) <u>Rellergert</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 5, 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>November 30, 1899</u>	
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tavern Operator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Beer and Lunch</u>		11. BIRTHPLACE (State or foreign country) <u>Perry County, Mo. 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Theodore Rellergert</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Sauer</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Trapp Rellergert.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>494-05-2738</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hugo Rellergert, Perryville, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  <u>170c</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Skull Fractures and Internal Injury.</u> ANTECEDENT CAUSES DUE TO (b) <u>Collision of truck and car, caught between truck and guard rail</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9 816 21</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Old Appleton</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cape Girardeau County Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-13-48 8:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto and truck collision.</u> 3 10			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E.R. Trickey Coroner</u>			23b. ADDRESS <u>CAPE GIRARDEAU, MO Cape Girardeau County, Mo</u>		23c. DATE SIGNED <u>Jan. 5-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 8, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Schnurbusch Catholic</u>		24d. LOCATION (City, town, or county) (State) <u>Schnurbusch, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 10-1949</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert Bey Perryville, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4  
District File Number 149-94  
Date Filed 10-17-49

OCT 28 1953

JAN 19 1949

2501 ST. MIKE

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Albert Bey

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3806

P. O. Address Perryville, Ms.

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.