

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18562

State File No. ....

318

1003

4862

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY -- <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Missouri</u>	c. LENGTH OF STAY (In this place) <u>1 mo. 7 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>E. St. Louis 8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>715 N. 52nd Str., 8.</u>	

3. NAME OF DECEASED (Type or Print) <u>Jean Elizabeth Regula</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>June 1, 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. <del>MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED</del>	8. DATE OF BIRTH <u>March 6, 1930</u>	9. AGE (In years last birthday) <u>20</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Amer. Life Ins. Co. St. Louis, Ill.</u>	11. BIRTHPLACE (State or foreign country) <u>Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Fred M. Regula</u>	13b. MOTHER'S MAIDEN NAME <u>Cora Martin</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Fred M. Regula</u>	ADDRESS <u>E. St. Louis, Ill.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hepatitis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>581.0</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 25, 1950, to June 1, 1950, that I last saw the deceased alive on June 1, 1950 and that death occurred at 11:20P m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. J. Old-Frazier M.D.</u>	(Degree or title)	23b. ADDRESS <u>BARNES HOSPITAL</u>	23c. DATE SIGNED <u>6/1/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>June 4, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Belleville, Ill.</u>
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DATE REC'D BY LOCAL REG. <u>JUN 2 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Sessler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Kurus</u>	ADDRESS <u>E. St. Louis Ill</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed.....

Licensed Embalmer No. 3162

P. O. Address E. St. Louis Ill

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.