

XC-606138
REG. #74890
FILED
JUL 16 1951
No. 30

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25769
State File No.

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2576

1. PLACE OF DEATH
a. COUNTY ST. LOUIS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BRKS., MO.

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2269

d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL

d. STREET ADDRESS (If rural, give location) 1514 N. MARKET

3. NAME OF DECEASED (Type or Print)
a. (First) BARNEY b. (Middle) (Bernard) L. c. (Last) REGELSPERGER

4. DATE OF DEATH (Month) (Day) (Year)
JULY 4, 1951

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 11/15/95

9. AGE (In years last birthday) 55
If under 1 year: Months 8 Days 19 Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SANDER & FINISHER

10b. KIND OF BUSINESS OR INDUSTRY Fisher Body Co.

11. BIRTHPLACE (State or foreign country) PERRYVILLE, MO.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME MR ANDREW REGELSPERGER

13b. MOTHER'S MAIDEN NAME JOSEPHINE WEBER

14. NAME OF HUSBAND OR WIFE BEATRICE REGELSPERGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-1

16. SOCIAL SECURITY NO. 492-09-5245

17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF LUNG WITH METASTASIS AND SPREAD TO MEDIASTINUM
ANTECEDENT CAUSES _____ DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____
VA

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 6/22, 1951, to 7/4, 1951, ~~MADE HADGON ANZ 067288~~ and that death occurred at 9:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE Robert A. Suddop (Degree or title) M.D.

23b. ADDRESS VAH, JEFF BRKS., MO.

23c. DATE SIGNED 7/4/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7-6-51

24c. NAME OF CEMETERY OR CREMATORY Resurrection

24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

DATE REC'D BY LOCAL REG. 7-5-51

REGISTRAR'S SIGNATURE Robert P. Donker

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.

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

1961 JUL 21

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~~ Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Elton R. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.