

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36738

State File No. ....

FILED OCT. 26 1953

BIRTH NO. _____		REG. DIST. NO. <u>273</u>		PRIMARY REG. DIST. NO. <u>3051</u>		Registrar's No. <u>100</u>		
1. PLACE OF DEATH a. COUNTY <u>Perry</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Central Township</u>		d. STREET ADDRESS (If rural, give location) <u>R. 2, Perryville, Mo.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perry County Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R. 2, Perryville, Mo.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Felix</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Rellergert</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 29, 1953</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>April 10, 1898</u>		
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours   Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		11. BIRTHPLACE (State or foreign country) <u>Perry County, Mo.</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>Helen Schrempp</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-38-0878</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen Rellergert, Perryville, Mo. R. 2</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 hr. in bed</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Compression of vertebrae 2<sup>nd</sup> lumbar vertebrae</u> DUE TO (c)					19 days	
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 <u>E9028</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>house at 2145 St.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Perryville Perry Mo.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 9 1953 9:30 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fall off roof while painting</u>				
22. I hereby certify that I attended the deceased from <u>Sept. 10, 1953</u> , to <u>Sept. 29, 1953</u> , that I last saw the deceased alive on <u>Sept. 29, 1953</u> and that death occurred at <u>12:45 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>William P. Redman M.D.</u>				23b. ADDRESS <u>Perryville, Mo.</u>		23c. DATE SIGNED <u>9/29/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>October 2, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Boniface Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Perryville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10-2-53</u>		REGISTRAR'S SIGNATURE <u>Joseph Zellmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Bey</u>		ADDRESS <u>Perryville, Mo.</u>		

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

NOV 6  
1908

**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, \_\_\_\_\_

.....  
working-under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Albert Bey*

Signed.....

Student Embalmer

Licensed Embalmer No. *3866*

P. O. Address *Ferryville, 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.