No. 300
10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9792

BIRTH NO. FILED APR 14 1954 REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY: Saint Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): O'Fallon Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WS Ordinance Plant

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Charles 0923 1
d. STREET ADDRESS (If rural, give location): 1806 Elm Street

3. NAME OF DECEASED (Type or Print)
a. (First): Jack
b. (Middle): Belmont
c. (Last): Regot

4. DATE OF DEATH (Month) (Day) (Year): April 5, 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Dec. 8, 1896
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months 3, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): protection dept.
10b. KIND OF BUSINESS OR INDUSTRY: Ordnance Plant
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: French August Regot
13b. MOTHER'S MAIDEN NAME: Litha Ann Love
14. NAME OF HUSBAND OR WIFE: Pauline Fulkerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W. W. # 1
16. SOCIAL SECURITY NO.: 487-20-5796
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. P. Regot, Saint Charles, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Suicide

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
19b. MAJOR FINDINGS OF OPERATION E9731
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Ordance Plant
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Charles, Co
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April, 5-54 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Hose connected to exhaust pipe of Truck

22. *I hereby certify that I attended the deceased from* Held inquest April 5, 1954, *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): Marvin Murphy 3 Coroner
23b. ADDRESS: Wentzville MO
23c. DATE SIGNED: April 7-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 7, 1954
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cmty
24d. LOCATION (City, town, or county) (State): Saint Charles, Mo.

DATE REC'D BY LOCAL REG.: April 7-54
REGISTRAR'S SIGNATURE: E. A. Keithly 280
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: H. C. Dallmeyer & Son, St. Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 16 1954

APR 28 1954

JUN 28 1954

MAY 4 1954

APR 14 195

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.

Student .....
Student Embalmer

Signed Frank R Amalev

Licensed Embalmer No. 4822

P. O. Address St. Charles, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.