

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35156

STATE FILE NUMBER

FILED OCT 16 1956

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 351

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Bonne Terre, Rt. 1</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre, Hosp. 15 Min.</u>			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>Bonne Terre, Rt. 1</u>		
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) <u>Jacob Bregant Jr.</u>			4. DATE OF DEATH <u>OCT. 8 1956</u>			
First <u>Jacob</u>	Middle <u>Bregant</u>	Last <u>Jr.</u>	Month <u>OCT.</u>	Day <u>8</u>	Year <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3/10/1908</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>28</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Same</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Recreation Hall</u>	11. BIRTHPLACE (City and state or country) <u>Decatur, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Jacob Bregant</u>			14. MOTHER'S MAIDEN NAME <u>Frances Rosemarine, Illinois</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W W 11, Navy</u>		16. SOCIAL SECURITY NO. <u>344-07-2276</u>	17. INFORMANT <u>Marie Bergant, Bonne Terre, Rt. 1</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Infarction of myocardium</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Coronary Thrombosis</u>					<u>2 yrs.</u>	
DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Feb. 17, 1955</u> to <u>Oct. 7, 1956</u> and last saw <u>him</u> alive on <u>Oct. 7, 1956</u> Death occurred at <u>12-05</u> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>[Signature]</u> (Degree or title)			22b. ADDRESS <u>Bonne Terre, Mo.</u>		22c. DATE SIGNED <u>10/9/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>10/10/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Fran. Mco. Park</u>	23d. LOCATION (City, town, or county) (State) <u>Bonne Terre Missouri</u>			
24. FUNERAL DIRECTOR <u>Boyer-Benham, Bonne Terre, Mo.</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Oct. 9, 1956</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

(Licensed Embalmer's Statement on Reverse Side)

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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.....
Signature of Student Embalmer

Signed *J. T. Boyer*

Licensed Embalmer No. *3*

P. O. Address *Bonnie*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.