URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 27 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5955 STATE FILE NUMBER -60-024885

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST.LOUIS,MO — Length of stay in 1b

c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST.LOUIS CITY HOSP. #1. — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 2053 Alfred Ave — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First IDA Middle ANNA Last REGELMAN

4. DATE OF DEATH Month JUNE Day 8, Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 10-8-1886

9. AGE (last birthday) 73 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) Taylorville, Illinois

12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME John Adam May

13b. MOTHER'S MAIDEN NAME Lillie Demotte

14. NAME OF HUSBAND OR WIFE Late Joseph H. Rengelman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. none

17. INFORMANT Elmer A. May, 13 Lemp Road-Kirkwood,Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Pulmonary Emboli c̄ pulmonary infarction. (RP)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Mural thrombi - auricules

DUE TO (c) Generalized Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocardial Infarction - old. 4201

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 5/31/60, to 6/8/60 and last saw her/him alive on 6/8/60

Death occurred at 5:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robt. J. Stein, M.D.

22b. ADDRESS 1515 LAFAYETTE AVE

22c. DATE SIGNED 6/8/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE June 13, 1960

23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery

23d. LOCATION (City, town, or county) St. Louis Co. (State) Mo.

24. FUNERAL DIRECTOR Kriegshauser, ADDRESS 4228 S. Kingshighway

25. DATE RECD. BY LOCAL REG. JUN 10 1960

26. REGISTRAR'S SIGNATURE Carl Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

H.T.

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student. Embalmer No._____

working under my personal supervision.

Student_____ Signed R. W. Stoveson

Signature of Student Embalmer

Licensed Embalmer No. 400

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.