

124

CERTIFICATE OF DEATH

NOV 6 1974 53

Primary Registration District No. 3010 Registrar's No. 490

VS 300
Rev. 11/72

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Theodore R. Regenhardt		2. Male	3. Oct 31, 1974
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)
4. White	5a. 73	5b.	6. Dec. 26, 1900
CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7a. Cape Girardeau	7c. Yes	7d. Southeast Mo Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Mo.	9. USA	10. Married	11. Lois Mc Neely
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY	
12. Unknown	13a. Postmaster	13b. US Govt	
RESIDENCE—STATE COUNTY	CITY, TOWN, OR LOCATION, ZIP CODE	INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP STREET AND NUMBER
14a. Mo.	14b. Cape	14c. Cape Girardeau	14d. Yes
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. Edward Regenhardt		16. Unknown	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. Mrs. Lois Regenhardt		17b. 810 Jurie Cape Girardeau Mo.	
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]	
18. IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) Acute cerebrovascular accident with			
DUE TO, OR AS A CONSEQUENCE OF:			
(b) hemorrhage into brain stem		20 hrs.	
DUE TO, OR AS A CONSEQUENCE OF:			
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)		AUTOPSY (YES OR NO)	
		19a. No	
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c. M. 20d.	
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
21a.	21b.	21c.	21d. No
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	TO MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR
22a. 10/30/74	22b. 10/31/74	22c. 10/31/74	22d. DID NOT VIEW THE BODY AFTER DEATH.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.	HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
23a. 10:00AM	23b. M. 23c. October 31st, 1974	23d. 10:00A M.	
CERTIFIER—NAME (TYPE OR PRINT)	MO. LICENSE NO.	SIGNATURE	DEGREE OR TITLE
24a. Charles F. Wilson	24b. MD 21958	24c. Charles F. Wilson	24d. 11/2/74
MAILING ADDRESS—CERTIFIER	STREET OR R.F.D. NO.	CITY OR TOWN	STATE ZIP
25a. 714 Broadway	25b. Cape Girardeau	25c. Missouri	25d. 63701
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE
26a. Burial	26b. Lorimier Cemetery	26c. Cape Girardeau, Mo.	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
27a. Nov. 2, 1974	27b. Brinkopf Howell 536 Broadway Cape Girardeau, Mo.		
FUNERAL DIRECTOR—SIGNATURE	REG. NO.	REGISTER—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
28a. [Signature]	28b. 530	28c. [Signature]	28d. NOV 04 1974

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STATE OF MISSOURI }
CITY OF JEFFERSON } SS

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Division of Health of Missouri. Witness my hand as State Registrar of Vital Statistics and the Seal of the Division of Health of Missouri this date of

NOV 13 1974

State Registrar of Vital Statistics

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