

CERTIFIED COPY OF A RECORD OF DEATH.

I HEREBY CERTIFY that the attached is a true and correct copy of the record of death of Ted R. Regenhardt as made from the original certificate of such death now on file in this office in accordance with the law requiring reports of births, stillbirths and deaths in Illinois.

Signed Lester L. Pryor

Official title Deputy Registrar

Address Metropolis, Ill.

Date Dec. 3

☒ Has decedent ever served in military or naval service of U. S.?

1. PLACE OF DEATH County of <u>Massac</u> <u>Metropolis</u>		Registration Dist. No. <u>654</u>		STATE OF ILLINOIS Department of Public Health—Division of Vital Statistics STANDARD CERTIFICATE OF DEATH	
*Township *Road Dist. *Village *City		Primary Dist. No. <u>3482</u>		Registered No. _____ (Consecutive No.)	
*(Cancel the three terms not applicable—Do not enter "R. R.," "R. F. D.," or other P. O. address). Street and Number, No. <u>214</u> <u>Metropolis</u> St.; _____ Ward, _____ Hospital (If death occurred in hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Ted R. Regenhardt</u> (a) Residence No. <u>214</u> <u>Metropolis</u> St.; _____ Ward, _____ (Usual place of abode) (If non-resident, give city or town and State)					
Length of Residence in city or town where death occurred yrs. <u>4</u> mos. <u>18</u> ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) <u>Single</u>	
5a. If Married, widowed or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH <u>Jan. 17</u> , 19 <u>29</u> (Month) (Day) (Year)					
7. AGE Years <u>2</u> Months <u>10</u> Days <u>11</u>		If LESS than 1 day _____ hrs. OR _____ min.?			
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work _____ <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____					
9. BIRTHPLACE (city or town) _____ (State or Country) <u>Illinois</u>					
PARENTS	10. NAME OF FATHER <u>Ted R. Regenhardt</u>				
	11. BIRTHPLACE OF FATHER (City or Town) _____ (State or Country) <u>Missouri</u>				
	12. MAIDEN NAME OF MOTHER <u>Loris M. Healey</u>				
	13. BIRTHPLACE OF MOTHER (City or Town) _____ (State or Country) <u>Missouri</u>				
14. INFORMANT <u>Edith J. Regenhardt</u> (P. O. Address) <u>Cape Girardeau Mo.</u> (personal signature with pen and ink)					
15. Filed <u>11-29</u> , 19 <u>31</u> <u>L. L. Pryor</u> Registrar. P. O. Address <u>Metropolis</u> Ill.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>11-28-31</u> (Month) (Day) (Year)					
17. I HEREBY CERTIFY, That I attended deceased from <u>11-18</u> , 19 <u>31</u> , to <u>11-28</u> , 19 <u>31</u> , that I last saw him alive on <u>11-28</u> , 19 <u>31</u> , and that death occurred, on the date stated above, at <u>8 P.</u> m. THE CAUSE OF DEATH* was as follows: <u>Dysentery</u> (Duration) _____ yrs. _____ mos. <u>1</u> ds.					
Contributory (Secondary) <u>Heart Block (origin Toxic Absorption)</u> (Duration) _____ yrs. _____ mos. <u>1</u> ds.					
18. { Where was disease contracted, if not at place of death? <u>Don't know</u> { Was an operation performed? <u>no</u> Date of _____ { For what disease or injury? <u>no</u> Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>Stethoscope</u> (Signed) <u>G. J. Cummings</u> , M. D. Address <u>Metropolis Ill.</u> Date <u>11-29</u> , 19 <u>31</u> Telephone <u>404</u>					
*N. B.—State the disease causing death. All cases of death from "Violence, casualty, or any undue means" must be referred to the coroner. See Section 10, Coroner's Act.					
19. PLACE OF BURIAL Cremation or Removal _____ Cemetery <u>Foremer</u> Location <u>Cape Girardeau</u> (Township, Road Dist., Village or City) County <u>Cape Girardeau</u> State <u>Mo.</u>				21. DATE <u>12-1-</u> , 19 <u>31</u>	
20. UNDERTAKER <u>H. P. Baynes</u> (personal signature with pen and ink) (firm name, if any)				ADDRESS <u>Metropolis</u> <u>Ill.</u>	