SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-040342
STATE FILE NUMBER

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 444

FILED NOV 20 1961

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau — Length of stay in 1b: 37 yr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cape Gir
c. CITY OR TOWN 523 Bellevue — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Cape Girardeau Mo. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Regina Middle: Maria Last: Brown
4. DATE OF DEATH Month: Nov Day: 13 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-13-1906
9. AGE (last birthday): 55
IF UNDER 1 YEAR: Months 8 Days — IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Worked for the Marquette
10b. KIND OF BUSINESS OR INDUSTRY: Cement Co.
11. BIRTHPLACE (City and state or country): Farrar Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: John A Sticht
13b. MOTHER'S MAIDEN NAME: Bertha Seidler
14. NAME OF HUSBAND OR WIFE: Zeman Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
17. INFORMANT Address: Mr Zeman Brown Cape Gir Mo.

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pleural Effusion Bilateral Recurrent — INTERVAL BETWEEN ONSET AND DEATH: 6 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma Right Breast — 10 mos
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 1/26/61 to 11/13/61 and last saw her/him alive on 11/13/61
Death occurred at 5:00 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

22. SIGNATURE C.P. McGinty (Degree or title) C.P. McGinty, M.D.
22b. ADDRESS 1912 Broadway Cape Gir., Mo.
22c. DATE SIGNED 11/13/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-15-1961
23c. NAME OF CEMETERY OR CREMATORY Memorial Park
23d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.
24. FUNERAL DIRECTOR Brinkopf Howell, ADDRESS Cape Gir Mo.
25. DATE RECD. BY LOCAL REG. 11-17-61
26. REGISTRAR'S SIGNATURE Irene Kaeten

(Licensed Embalmer's Statement on Reverse Side)

NOV 21 1961

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 Neil H. Grossheider

Licensed Embalmer No. 4994

P. O. Address Cape Girardeau

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