

FILED FEB 18 1943
318

Registration District No.

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(c) Name of hospital or institution: De Paul Hospital
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Kenneth Dale Rey,

3. (b) If veteran, name war..... No
3. (c) Social Security No. None

4. Sex Male
5. Color or face White
6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 22 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 8 16 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business.....

12. Name Maurice Rey

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth O'Brien

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Maurice Rey
(b) Address 5618a Labadie Ave.

17. (a) Burial (b) Date thereof 2-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blyd.

19. (a) FEB 9 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town..... St. Louis
(d) Street No. 5618a Labadie Ave
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8
year 1943 hour 5 minute 05 A. M.

21. I hereby certify that I attended the deceased from Feb 12th
1943 to Feb 8th 1943
that I last saw him alive on Feb 5th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Tuberculosis
Due to T. Bacteria
Due to 7/4
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations Lungs not affected
Of autopsy tuberculous T. B.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?.....
23. Signature J. F. Brudeck (M. D. or other).....
Address 1710 N. Grand Blyd. Date signed.....

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Fred Frick*

Licensed Embalmer No..... 3186

P. O. Address St. Louis, Mo.

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 this body is not embalmed, fact should be so stated above.