S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10580

Registration District No. 318 Primary Registration District No. 1005 Registrar's No. 2617

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3962 Cote Brilliante Ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3962 Cote Brilliante Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alfredo Joseph Re (King)
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Rose Re (King)
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased April (Month) 22nd. (Day) 1878 (Year)

8. AGE: Years 69 Months 10 Days 23 If less than one day hr. min.

9. Birthplace Italy (City, town, or county) (State or foreign country) 5
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name Alfredo Joseph Re 5
13. Birthplace Italy (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Antionette Lombardo
15. Birthplace Italy (City, town, or county) (State or foreign country) 5
16. (a) Informant Frank King
(b) Address 3962 Cote Brilliante Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Sullivan Funeral Dir.
(b) Address 2849 North Euclid Ave.
19. (a) MAR 16 1948 (Date received local registrar) (b) J. F. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th. year 1948 hour 6.10 minute P. M.

21. I hereby certify that I attended the deceased from Duty 1st, 1947, to March 15, 1948 that I last saw him alive on March 15, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension Uremia — Duration 6 Weeks
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 1 32
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature William A. Knight (M. D. or other) M.D.
Address 634 N. Grand Date signed 3/16/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Wm. A. Knight
Missouri Theatre Bldg. JE. 1870
Res. EV. 8466

32041

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 Robert L. Brinkman

Licensed Embalmer No. 3553

P. O. Address .....

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.