

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7882

FILED FEB 26 1953
BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 State File No. _____
Registrar's No. 1491

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MO - b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SHREWSBURY 4561	
d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROS. HOSP.		d. STREET ADDRESS (If rural, give location) 7328 MURDOCH	

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) J. c. (Last) REX JR.			4. DATE OF DEATH (Month) (Day) (Year) FEB 5 1953			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT 23 1907	9. AGE (In years last birthday) 45	10. UNDER 1 YEAR Months Days	11. UNDER 18 Hrs. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ACCOUNTANT-		10b. KIND OF BUSINESS OR INDUSTRY BREWERY		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME THOMAS J. REX		13b. MOTHER'S MAIDEN NAME JENNA MOORMANN		14. NAME OF HUSBAND OR WIFE JEANETTE REX	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 340-05-1464		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS THOMAS J. REX 7328 MURDOCH	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 Hour	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) - DUE TO (c) -			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	

22. I hereby certify that I attended the deceased from 1947, 1949, to 7/5/53, 19, that I last saw the deceased alive on 7/2/53, 19, and that death occurred at 2 p.m., from the causes and on the date stated above.

23a. SIGNATURE CE Stridzel M.D.		23b. ADDRESS 3701 Grand St. S.		23c. DATE SIGNED 7/6/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB 9 1953		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO	
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DATE REC'D BY LOCAL REG. FEB 7 1953		REGISTRAR'S SIGNATURE J. Carl Smith		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm J. Croghan 7146 MANCHESTER - ST LOUIS MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Student Embalmer

Signed

V. E. Morris

Licensed Embalmer No. 3360

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.