

FILED JAN 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2962

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **471**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) **1 Day**
c. CITY OR TOWN **St. Louis** d. In Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Bethesda Hospital** e. STREET ADDRESS (If rural, give location) **23 1806 Sidney 22370**

3. NAME OF DECEASED (Type or Print)
a. (First) **PETER** b. (Middle) **FRANCIS** c. (Last) **REY** 4. DATE OF DEATH (Month) (Day) (Year) **1 15 56**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **2-3-1900** 9. AGE (In years last birthday) **55** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Radio & T.V. Tech.** 10b. KIND OF BUSINESS OR INDUSTRY **Self** 11. BIRTHPLACE (City and State or Foreign Country) **Cahokia, Illinois** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Antone Rey** 13b. MOTHER'S MAIDEN NAME **Laura Menard** 14. NAME OF HUSBAND OR WIFE **Frances Rey**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY **492-20-1594** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Frances Rey, 1806 Sidney**

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute loss of Blood Hemorrhage from Esophageal varices.** INTERVAL BETWEEN ONSET AND DEATH **2 weeks**
ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.** DUE TO (b) **Esophageal varices.** **2 weeks**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS **Cirrhosis of liver, Coronary heart disease, Abdominal hernia.**

19a. DATE OF OPERATION **Jan 14 & 15** 19b. MAJOR FINDINGS OF OPERATION **Transfusions.** 20. AUTOPSY YES NO

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) **5810**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Feb 23, 1949, to Jan 15, 1956** that I last saw the deceased alive on **Jan 15, 1956**, and that death occurred at **3:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Leroy E. Ellison M.D.** 23b. ADDRESS **3610 So Broadway St Louis Mo** 23c. DATE SIGNED **Jan 15, 1956**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **1-18-1956** 24c. NAME OF CEMETERY OR CREMATORY **St. Matthews Cem.** 24d. LOCATION (City, town, or county) (State) **St. Louis Missouri**

DATE REC'D BY LOCAL REG. **JAN 16 1956** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **McLAUGHLIN FUNERAL HOME, INC. Lafayette 2301**

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.....
Signature of Student Embalmer

Signed.....

James R. Chapman
Licensed Embalmer No.....*43*
P. O. Address *H. Lucas*

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.