URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-017268

FILED VS MAY 13 1960 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4696 STATE FILE NUMBER

NDED

4/17 1898

DOCUMENT Bapt. Rec. St. Henry's Church, St. L.

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

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, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b Over 25 yrs

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis State Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 5400 Arsenal St. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Ida Middle Louise Last Rey

4. DATE OF DEATH Month May Day 3, Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH ~~10/22/97~~ 10/22/87

9. AGE (last birthday) ~~60~~ 62 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Illinois

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Louis Rey

13b. MOTHER'S MAIDEN NAME Elizabeth Harig

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Mrs. Jeanette Rey Address 601 Plum St. Cahokia, Illinois

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral hemorrhage (epidural & subarachnoidal)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease

DUE TO (c) 420.0

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Diabetes mellitus Schizophrenia

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 May 21, 1934, to May 3, 1960 and last saw her/him alive on May 3, 1960
Death occurred at 5:45 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.

22b. ADDRESS 5400 Arsenal St., St. Louis

22c. DATE SIGNED 5/3/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 5-5-60

23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery

23d. LOCATION (City, town, or county) (State) Belleville, Ill.

24. FUNERAL DIRECTOR John J. Kassly ADDRESS E. St. Louis, Illinois

25. DATE RECD. BY LOCAL REG. MAY 3 1960

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by Not Embalmed, Student Embalmer No.

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph J. Kanely

Licensed Embalmer No. 7541

P. O. Address E. St. L

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