

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45039

State File No. _____

FILED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11840

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> <u>2139</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LUTHERAN HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>13 5460 SOUTHWEST</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM J.</u> b. (Middle) _____ c. (Last) <u>REY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 23 1952</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 18, 1905</u>
9. AGE (In years last birthday) <u>47</u>		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOE WORKER</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>INT. SHOE CO</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>JOSEPH REY</u>	
13b. MOTHER'S MAIDEN NAME <u>MARGARET RICHIE</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>JODIE REY</u>		ADDRESS <u>5460 SOUTHWEST</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gastric Carcinoma</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cachexia</u>	
19a. DATE OF OPERATION <u>7/15/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Gastric Carcinoma</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u> <u>1 yr.</u> <u>2 months</u>	
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? <u>151X</u>	
22. I hereby certify that I attended the deceased from <u>7/1/52</u> , 19 <u>52</u> , to <u>12/23/52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7/8/52</u> , 19 <u>52</u> , and that death occurred at <u>4:10A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Walter H. Hager MD</u>		23b. ADDRESS <u>3108 S. Grand</u>	
23c. DATE SIGNED <u>DEC 23 52</u>		23d. NAME OF CEMETERY OR CREMATORY <u>LAKEWOOD PARK</u>	
23e. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>		23f. DATE REC'D BY LOCAL REG. <u>DEC 24 1952</u>	
23g. REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		23h. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutis</u>	
23i. ADDRESS <u>2906 Glenview</u>		23j. _____	

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 James C. Hill

Licensed Embalmer No. 43479

P. O. Address 2906 Travis

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.