S. No. 2
M—1-4-41
. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4698

Registration District No. 791 FILED MAR 24 1942

Primary Registration District No. 1003

Registrar's No. 1988

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:
St. Johns Hospital
(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 Jefferson 50

(c) City or town Herculaneum NR
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Albert Thomas Meese

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Aug. (Month) 10 (Day) 1889 (Year)

8. AGE: Years 52 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Festus (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Baker

11. Industry or business Own Business

FATHER
12. Name John Meese
13. Birthplace London (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Charlott Handock
15. Birthplace London (City, town, or county) England (State or foreign country)

16. (a) Informant Albert C. Meese Jr.
(b) Address Herulaneum, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-42 (Month) (Day) (Year)
(c) Place: burial or cremation Festus, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) MAR 3 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd year 1942 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Pulmonary Thrombosis Fracture of right Femur when the car which he was driving Collided with a car Driven by one Warren Leonard in Festus Missouri about 6:30 am 2/18/42

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 170C-8
Of autopsy 22 210

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 2/18/42 050
(c) Where did injury occur? Festus (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place
(Specify type of place)
While at work? (e) Means of injury

23. Signature Thomas F. Callanan (M.D. or other)
Address Deputy Coroner Date signed 3/3/42

(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 me, or by Wm H. Fitzinger, Registered Apprentice No. 315 working under my personal supervision.

Signed J Wm Bumbley

Licensed Embalmer No. 3653

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.