

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26649

FILED AUG 1 1952

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2034

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u> <del>AAO</del> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>8120</u>	
b. CITY OR TOWN <u>ST LOUIS</u> <u>Richmond Heights</u> <u>MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EAST ST LOUIS</u> <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>314 N 8th</u>	

3. NAME OF DECEASED (Type or Print) <u>HARRY</u>	a. (First)	b. (Middle)	c. (Last) <u>MEASE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 27 1952</u>
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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 12-1889</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Millstone Cons. Co.</u>	11. BIRTHPLACE (State or foreign country) <u>ILLINOIS - E. ST. LOUIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Mease</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Eickeman</u>	14. NAME OF HUSBAND OR WIFE <u>Arlen Mease</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>348-05-5182</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Victor Mease, E. St. Louis 908</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>MINUTES</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC ARREST</u>		<u>24 HOURS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ANRULAR FIBRILLATION</u> DUE TO (c) <u>PNEUMONECTOMY 526X.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>BRONCHIECTASIS.</u>		<u>11 P O DAY.</u>	

19a. DATE OF OPERATION <u>JULY 16 1952</u>	19b. MAJOR FINDINGS OF OPERATION <u>CONFIRMED ABOVE</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from JULY 8, 1952, to JULY 27, 1952, that I last saw the deceased alive on JULY 27, 1952, and that death occurred at 8:40 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James L. Meade, M.D.</u>	23b. ADDRESS <u>6342 Grand Blvd</u>	23c. DATE SIGNED <u>7/29/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July 28 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>mt Hope Cemt</u>	24d. LOCATION (City, town, or county) (State) <u>Belleville Ill</u>
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DATE REC'D BY LOCAL REG. <u>7-29-52</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Donike</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. K. Brichler, Jr.</u>	ADDRESS <u>E. St. Louis 24</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

APR 11 1932

AUG 11 1932

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Bess H. Baldwin

Signed.....  
Student Embalmer

Licensed Embalmer No. 2420

P. O. Address E. St Louis Ill

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.