

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13298**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3901**

FILED MAY 13 1955

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois		b. COUNTY Tazewell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY OR TOWN Pekin		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alegian Bros. Hospital		STREET ADDRESS (If rural, give location) 1212 Summer St.			
3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) Thomas c. (Last) Fearey Jr.			4. DATE OF DEATH May 1, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 24, 1929	9. AGE (In years last birthday) 25	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Peoria, Illinois,		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Harry Fearey Sr.		13b. MOTHER'S MAIDEN NAME Nellie Keshener		14. NAME OF HUSBAND OR WIFE None.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No.		16. SOCIAL SECURITY NO. 325-22-1952	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry Fearey Sr. Pekin, Illinois		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Internal Hemorrhage ANTECEDENT CAUSES Multiple Fractures of Ribs; suffered when thrown from motorcycle while making trial run on race track near Hurly V.V. in St Louis County, about 130 p.m., May 1st, 1955 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS as Hurly V.V. in St Louis County, about 130 p.m., May 1st, 1955 Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION May 1st, 1955		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) Track	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis City Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 1 55 12³⁰ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Patrick C. Taylor Coroner			23b. ADDRESS 1300 Clark		23c. DATE SIGNED 5-2-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-2-55	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Pekin, Illinois,		
DATE REC'D BY LOCAL REG. MAY 2 1955	REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.		

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 *Elton H. Remeluso*

Licensed Embalmer No. *428*

P. O. Address *St. Louis*

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.