

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35879

State File No.

9283

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No.		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MISSOURI</u>		c. LENGTH OF STAY (In this place) <u>FOUR DAYS</u>		c. CITY OR TOWN <u>Granite City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>2257 Cleveland Blvd. 4128</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>PIERCE</u> c. (Last) <u>REUSS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 9 1954</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>July 3, 1888</u>		
9. AGE (In years last birthday) <u>66</u>		10. MONTHS <u>6</u>		11. HOURS <u>6</u>		12. MINUTES <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>Belleville, Illinois</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13a. FATHER'S NAME <u>Albert Reuss</u>		13b. MOTHER'S MAIDEN NAME <u>Kathryn Pierce</u>		14. NAME OF HUSBAND OR WIFE <u>Kathryn Reuss</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.I</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Kathryn Reuss</u> ADDRESS <u>2257 Cleveland City, Ill.</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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Carcinoma</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Edema</u>					<u>2 hrs 25 min</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) <u>162X</u>				
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? _____				
22. I hereby certify that I attended the deceased from <u>OCT 5</u> , 19 <u>54</u> , to <u>OCT 9</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>OCT 9</u> , 19 <u>54</u> , and that death occurred at <u>8:55 PM.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>John D. Donaldson M.D.</u>				23b. ADDRESS <u>BARNES HOSPITAL</u>		23c. DATE SIGNED <u>Oct 9, 1954</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct. 9, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Edwardsville, Illinois</u>		
DATE REC'D BY LOCAL REG. <u>OCT 13 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Frank Mercer</u>		ADDRESS <u>Granite City Ill.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 *Charles E. Mercier*

Licensed Embalmer No. *290*

P. O. Address *Granite*

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.