

Death Record for Harry J. Meleski

Son of Joseph Meleski & Katherine Warchol

(REVERSE SIDE)		The Commonwealth of Massachusetts				REGISTERED NUMBER	STATE USE ONLY	
DECEASED		STANDARD CERTIFICATE OF DEATH				107	16980	
REGISTERS		REGISTRY OF VITAL RECORDS AND STATISTICS						
DECEASED	1 DECEDENT - NAME FIRST MIDDLE LAST Harry J MELESKI		SEX Male		DATE OF DEATH (Mo., Day, Yr.) January 8, 1981			
	2 PLACE OF DEATH (CITY OR TOWN) Worcester		3 COUNTY OF DEATH Worcester		4 HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number) Hahnemann Hospital			
	5 RACE - (e.g. White, Black, American Indian, etc.) / Specify: White		6a AGE - Last Birthday (Yr.) 57		7 DATE OF BIRTH (Mo., Day, Yr.) May 3, 1923		8 STATE OF BIRTH (if not in U.S.A., name country) Mass.	
	9 MARRIED, NEVER MARRIED, WIDDED OR DIVORCED Married		10 SPOUSE (if wife, give maiden name) Margaret Werme		11a USUAL OCCUPATION (Prior - if Retired) Retired Attorney		11b KIND OF BUSINESS OR INDUSTRY City of Worcester	
	12 SOCIAL SECURITY NUMBER 026-20-0285A		13 IF U.S. WAR VETERAN SPECIFY WAR WW II		14 RESIDENCE - STREET AND NUMBER, CITY OR TOWN, COUNTY, STATE, ZIP CODE 33 Hill Top Circle Worcester Mass			
	15a FATHER - FULL NAME Joseph Meleski		15b STATE OF BIRTH (if not in U.S.A. name country) Poland		16a MOTHER NAME (GIVEN) MAIDEN Katherine Warchol		16b STATE OF BIRTH (if not in U.S.A. name country) Poland	
	17a INFORMANT - NAME AND ADDRESS Margaret Meleski 33 Hill Top Circle Worcester		17b RELATIONSHIP Wife		18 TYPE OF DISPOSITION (Specify Burial, Cremation, Other) Burial			
					18a DATE OF DISPOSITION January 12, 1981		18c PLACE OF DISPOSITION AND LOCATION Hope Cemetery Worcester	
	DISPOSITION	19a FUNERAL SERVICE LICENSEE A J Jozefowski		19b NAME OF FACILITY Alexander Meml. Chapel		19c ADDRESS OF FACILITY 52 Ward St Worcester		
		20 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (PRINT OR TYPE LEGIBLY)						
PART I (a) RESPIRATORY FAILURE		IMMEDIATE						
DUPLICATE TO OR AS A CONSEQUENCE OF (b) ASPIRATION PNEUMONIA - (Secondary)		WEEKS						
DUPLICATE TO OR AS A CONSEQUENCE OF (c) PARKINSON'S SYNDROME								
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I (a)					21 AUTOPSY (Yes or No) Yes	22 WAS CASE REFERRED TO MED EXAM (Yes or No) No	
	23 ACC SUICIDE HOM UNDET OR PENDING INVEST (Specify) BENIGN PROSTATIC HYPERTROPHY							
	24a DATE OF INJURY (Mo., Day, Yr.)		24b HOUR OF INJURY		24c DESCRIBE HOW INJURY OCCURRED			
	24d INJURY AT WORK (Specify Yes or No)		24e PLACE OF INJURY - At home, farm, street, factory, office building, etc (Specify)		24f LOCATION STREET CITY OR TOWN STATE			
CERTIFIER	25a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) Leonard Morse, MD			26a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) Robert J. O'Keefe				
	25b DATE SIGNED (Mo., Day, Yr.) Jan 8, 1981		25c HOUR OF DEATH 0920		26b DATE SIGNED (Mo., Day, Yr.)		26c HOUR OF DEATH	
	25d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			26d PRONOUNCED DEAD (Mo., Day, Yr.)		26e PRONOUNCED DEAD (Hour)		
	25e NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print) LEONARD MORSE, MD 200 LINCOLN ST WORCESTER, MA. 01605							
28 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Robert J. O'Keefe (SIGNATURE - BD. HEALTH AGT.)				29 RECEIVED AND FILED IN THE CITY OR TOWN OF WORCESTER Robert J. O'Keefe (CLERK'S SIGNATURE)		JAN 14 1981 (DATE RECEIVED)		

Death Record for Harry J. Meleski

Son of Joseph Meleski & Katherine Warchol

REGISTERED NUMBER	107
STATE USE ONLY	16980
	DECEDENT
1 DECEDENT – NAME	Harry J Meleski
2 SEX	Male
3 DATE OF DEATH	January 8, 1981
4a PLACE OF DEATH (CITY OR TOWN)	Worcester
4b COUNTY OF DEATH	Worcester
4c HOSPITAL OR OTHER INSTITUTION	Hahnemann Hospital
4d IF IN HOSPITAL DOA	No
5 RACE	White
6a AGE – LAST BIRTHDAY	82
7 DATE OF BIRTH	May 3, 1898
8 STATE OF BIRTH	Mass.
9 MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED	Married
10 SPOUSE	Margaret Werme
11a USUAL OCCUPATION	Retired Attourney
11b KIND OF BUSINESS OR INDUSTRY	City of Worcester
12 SOCIAL SECURITY NUMBER	026-20-0285A
13 IF US WAR VETERAN SPECIFY WAR	WW II
14 RESIDENCE – STREET AND NUMBER, CITY OR TOWN, COUNTY, STATE, ZIP CODE	33 Hill Top Circle Worcester Mass
15a FATHER – FULL NAME	Joseph Meleski
15b STATE OF BIRTH	Poland
16a MOTHER – NAME	Katherine Warchol
16b STATE OF BIRTH	Poland
	INFORMANT
17a INFORMANT – NAME AND ADDRESS	Margaret Meleski 33 Hill Top Circle Worcester
17b RELATIONSHIP	Wife
	DISPOSITION
18a TYPE OF DISPOSITION	Burial
18b DATE OF DISPOSITION	January 12, 1981
18c PLACE OF DISPOSITION AND LOCATION	Hope Cemetery Worcester Mass
19a FUNERAL SERVICE LICENSEE	A J Jozefowski
19b NAME OF FACILITY	Alexander Meml. Chapel
19c ADDRESS OF FACILITY	52 Ward St Worc
	CAUSE OF DEATH
PART I 20a IMMEDIATE CAUSE	RESPIRATORY FAILURE
Interval between onset and death	IMMEDIATE
20b DUE TO OR AS A CONSEQUENCE OF	ASPIRATION PNEUMONIA – (SECONDARY)
Interval between onset and death	WEEKS
20c DUE TO OR AS A CONSEQUENCE OF	PARKINSON'S SYNDROME
Interval between onset and death	----
PART II OTHER SIGNIFICANT CONDITIONS	BENIGN PROSTATIC HYPERTROPHY
21 AUTOPSY	Yes
22 WAS CASE REFERRED TO MED EXAM	No
	CERTIFIER
25a To the best of my knowledge, death occurred at the time, date and place due to the cause(s) stated	Leonard Morse, MD
25b DATE SIGNED	Jan 8, 1981
25c HOUR OF DEATH	0920
25d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	----
27 NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAN EXAMINER	Leonard Morse, MD 200 Lincoln St Worcester, MA. 01605
28 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued	Arnold Just MD 1/11/81
29 RECEIVED AND FILED IN THE CITY OR TOWN OF	WORCESTER
(CLERK'S SIGNATURE)	Robert J. O'Keefe Commissioner of Public Health
(DATE RECEIVED)	JAN 14 1981