

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **39784**  
 Registrar's No. **4406**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>6076</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Osage</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson Brks. Mo.</b>		c. LENGTH OF STAY (In this place) <b>30 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Meta</b>		<b>76</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Veterans Adm. Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>RFD No. 2, Box 16</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jeremiah</b>		b. (Middle)	c. (Last) <b>MEANS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 12, 1949</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Apr. 5, 1892</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Converse, Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Jeremiah Means</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jane Poulson</b>		14. NAME OF HUSBAND OR WIFE <b>Gertha</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>	16. SOCIAL SECURITY NO. <b>--</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA Hospital Records</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>UREMIA</b>	ANTECEDENT CAUSES DUE TO (b) <b>Nephrosclerosis</b>				446X
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <b>Hypertensive Cardio-vascular disease, Pneumonia, Lung abscess</b>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA</b>	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 <b>Sept. 23, 1949</b> , to <b>Nov. 12, 1949</b> , and that death occurred at <b>8:25 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>S.C. O'Brien, Acting Chf. Prof. Services</b>			23b. ADDRESS <b>Vet. Adm. Hosp. Jeff. Brks. Mo.</b>		23c. DATE SIGNED <b>11/14/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11-14-49</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Dixon, Mo.</b>		
DATE REC'D BY LOCAL <b>NOV 14 1949</b>	REGISTRAR'S SIGNATURE <b>Berbert R. Donke</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>A.H. Hoppe, St. Louis, Mo.</b>		

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

9600

**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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer .....

Signed Edison H. Remelinos

Licensed Embalmer No. 4283

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.