

No. 300  
17-48

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6906

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 307 PRIMARY REG. DIST. NO. 3063 Registrar's No. 482

3  
WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>28 PAGEDALE</u>   |  |
| c. LENGTH OF STAY (in this place)   |  | d. STREET ADDRESS (If rural, give location) <u>1371 PREGAN AV</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. HOSPITAL</u>                       |  |   |  |

|   |                           |   |   |   |                             |   |
|---|---------------------------|---|---|---|-----------------------------|---|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ANN</u> c. (Last) <u>MEANS</u> |                           |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 19 1951</u> |   |                             |   |
| 5. SEX <u>F</u>   | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>MAR. 9, 1872</u>                      | 9. AGE (In years last birthday) <u>78</u>             | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.             |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>  |                           | 10b. KIND OF BUSINESS OR INDUSTRY                                     |   | 11. BIRTHPLACE (State or foreign country) <u>MO O</u> |                             | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <u>GEORGE HARKK</u> | 13b. MOTHER'S MAIDEN NAME <u>TERESA KARL</u> | 14. NAME OF HUSBAND OR WIFE <u>FRANK O MEANS</u> |
|--|--|--|

|   |                                     |   |
|---|-------------------------------------|---|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mr Stanley Handson</u> ADDRESS <u>1371 PREGAN AV</u> |
|---|-------------------------------------|---|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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 |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic Heart Disease</u>   |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c) |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |                                  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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) | 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 2-19-, 1951, to 2-19-, 1951, that I last saw the deceased alive on 2-19-, 1951, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

|   |  |                  |
|---|--|------------------|
| 23a. SIGNATURE <u>L. F. Wacker, M. D.</u> (Degree or title) | 23b. ADDRESS <u>601 S. Brentwood Clayton 5, Mo</u> | 23c. DATE SIGNED |
|---|--|------------------|

|   |                          |   |  |
|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>2/23/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u> |
|---|--------------------------|---|--|

|   |   |  |
|---|---|--|
| DATE REC'D BY LOCAL REG. <u>2/21/51</u> | REGISTRAR'S SIGNATURE <u>Robert P. Jomb</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Muller</u> ADDRESS <u>5165 Helmer St.</u> |
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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.....

*J. Allen Harris Jr.*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4053*

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 this body is not embalmed, fact should be so stated above.