

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4459

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4459		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY _____				
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 32 hrs		c. CITY OR TOWN St. Louis		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 Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 3859 Marfitt				
3. NAME OF DECEASED (Type or Print) Robert Means			a. (First) _____ b. (Middle) _____ c. (Last) Means		4. DATE OF DEATH (Month) (Day) (Year) 5- 2- 56			
5. SEX Male		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Jan 19 1920		
9. AGE (In years last birthday) 36		IF UNDER 1 YEAR Months 3 Days 13		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor			10b. KIND OF BUSINESS OR INDUSTRY Police Dept		11. BIRTHPLACE (City and State or Foreign Country) Oxford Miss		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Means			13b. MOTHER'S MAIDEN NAME Parthenia King			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 498-03-2632		17. INFORMANT'S SIGNATURE OR NAME Vannetta Means ADDRESS 3522A Market St			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH Undet.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia due to Arteriolar Nephrosclerolosis				ANTECEDENT CAUSES Nephrosclerolosis				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				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 Hypertensive Vascular Disease				Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 446x				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 5-1- 1956 , to 5-2- 1956 , that I last saw the deceased alive on 5-2- 1956 , and that death occurred at 8:55a on 5-2- 1956 , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Edward B. Williams, M.D.				23b. ADDRESS 2601 N. Whittier St.		23c. DATE SIGNED 5-7-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-8-56		24c. NAME OF CEMETERY OR CREMATORY Oakdale		24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo		
DATE REC'D BY LOCAL REG. MAY 8 1956		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE J.H. Randle & Son ADDRESS 3133 Bell Ave				

(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..... *S. J. Johnson*

Licensed Embalmer No. *2169*

P. O. Address *2769 Ch...*

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.