

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019851  
STATE FILE NUMBER

FILED MAY 18 1959

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1287

300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>ST LOUIS</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CLAYTON</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>BERKELEY</b> 4091		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>COUNTY HOSP.</b>		Length of stay in 1b <b>2 HRS.</b>	d. STREET ADDRESS (If outside, give location) <b>8726 SLUDDER</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>DENNIS</b> Middle Last <b>MEANS</b>			4. DATE OF DEATH Month <b>5</b> Day <b>7</b> Year <b>1959</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>8-29-52</b>	9. AGE (In years last birthday) <b>6</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STUDENT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SCHOOL</b>	11. BIRTHPLACE (City and state or country) <b>FORT SMITH, ARK.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>GERALD C. MEANS</b>		13b. MOTHER'S MAIDEN NAME <b>CLARINE BAUMSTARK</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>_____</b>	17. INFORMANT Address <b>GERALD C. MEANS BERKELEY, MO.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>INTRACRANIAL HEMORRHAGE</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 - 2 1/2 HRS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <b>SKULL FRACTURE</b>					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>AUTOMOBILE ACCIDENT</b>		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			333		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>ST LOUIS</b>		STATE <b>MO</b>
21. I attended the deceased from <b>5-7-1959</b> to <b>5-7-1959</b> and last saw him alive on <b>5-7-1959</b> Death occurred at <b>8:09 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Bonora Nancy Varg, M.D.</b>			22b. ADDRESS <b>601 S. BRENTWOOD</b>		22c. DATE SIGNED <b>5/11/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>5-9-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CALVARY</b>		23d. LOCATION (City, town, or country) (State) <b>ST LOUIS MO</b>
24. FUNERAL DIRECTOR <b>WHITE-MULLEN</b>			ADDRESS <b>118 N. FLORISANT RD.</b>	25. DATE RECD. BY LOCAL REG. <b>5-8-59</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>

NOV 24 1959

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 Reinhold Krahmann

Licensed Embalmer No. 3395

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.