

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10834  
2198

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) township) 21 mos.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				
d. FULL NAME OF HOSPITAL OR INSTITUTION 1209 North Market				d. STREET ADDRESS (If rural, give location) 1209 North Market				
3. NAME OF DECEASED (Type or Print) a. (First) RONALD			b. (Middle) GENE		c. (Last) WILLIAMS		4. DATE OF DEATH (Month) (Day) (Year) March 5th 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH June 25, 1947		9. AGE (In years last birthday) 1 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) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME William E. Williams			13b. MOTHER'S MAIDEN NAME Dorothy Brinkley		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mr. William E. Williams				ADDRESS 1209 N. Market
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1st 2nd 3rd degree burns of entire body; carbon monoxide poison; suffered when burned in bed in room of home at 1209 N. Market St. approx 6:30 am Mar. 5 1949. in fire of undetermined origin. Damage to building \$3000.00 contents \$950.00 DUE TO (b) in bed in room of home at 1209 N. Market St. approx 6:30 am DUE TO (c) Mar. 5 1949. in fire of undetermined origin. Damage to building \$3000.00 contents \$950.00 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Lung				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo (Mo)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 5 49 6:30 am		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:40 AM, from the causes and on the date stated above.								
22a. SIGNATURE (Degree or title) W. B. Foster				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 3/7/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/7/1949		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		
DATE REC'D BY LOCAL REG. MAR 7 1949		REGISTRAR'S SIGNATURE W. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN-F.H., INC., 1936 St. Louis Ave.				

(Licensed Embalmer's Statement on Reverse Side)

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

*ml*

**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.

Signed \_\_\_\_\_

*Neal H. Paulson*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *4114*

P. O. Address *1936 St. Paul*

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.