

FILED JUN 7 1949

STANDARD CERTIFICATE OF DEATH

17811

State File No. 4691

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		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 Dent		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 0		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		179				
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital				d. STREET ADDRESS (If rural, give location) 26 1828 Benton Ave.				10		
3. NAME OF DECEASED (Type or Print) Goldie M. Williams			a. (First)		b. (Middle)		c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) 5 24 1949		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 27, 1918		
9. AGE (In years last birthday) 30		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days		IF UNDER 12 HRS. Hours		IF UNDER 12 HRS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home			11. BIRTHPLACE (State or foreign country) Salem, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John Leonard			13b. MOTHER'S MAIDEN NAME Effie Jones			14. NAME OF HUSBAND OR WIFE James Williams				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME James Williams-1828 Benton Street.					ADDRESS	
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) Leukemia  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Retenulum cell carcinoma (generalized)  DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH Turks? 4 mg? Feb 49		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) How		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 158X								
22. I hereby certify that I attended the deceased from May 17, 1949, to May 24, 1949, that I last saw the deceased alive on May 24, 1949, and that death occurred at 6:10 AM., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) William M. Queeney M.D.				23b. ADDRESS 1325 South Grand				23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-24-49		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Salem, Mo.				
DATE RECD. BY LOCAL REGISTRAR'S SIGNATURE JAY 2 8 1949		REGISTRAR'S SIGNATURE J. B. Farster			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.					

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

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 .....  
Student Embalmer

Signed.....

Licensed Embalmer No. *7645*

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.