S. No. 300
EV. 10.48

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9921 / 2071

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Louis Children's Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farmington 0941
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): Sheila
b. (Middle): Jane
c. (Last): Bridges

4. DATE OF DEATH (Month) (Day) (Year): 3 17 1951

5. SEX: F
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single (1)
8. DATE OF BIRTH: 4-26-1943
9. AGE (In years last birthday): 7 — 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):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Farmington Mo
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: James Bridges
13b. MOTHER'S MAIDEN NAME: Irene Smith
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Irene Bridges
ADDRESS: Farmington Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema: 2 nd & 3rd degree burns of 45% of body

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) suffered when her dress became ignited when she

DUE TO (c) got too close to a burning

II. OTHER SIGNIFICANT CONDITIONS incinerator at Farmington Mo on Mar 1, 1951 about

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 hr

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 430 pm Accident
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 1144
21c. (CITY, TOWN, OR TOWNSHIP) St Louis (COUNTY) Mo (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 1 51 2:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Exp 16

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* 4:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Joseph M. Bruch
(Degree or title): 3 Degree Fireman
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 3/19/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-19-51
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county): Farmington
(State): Mo

DATE REC'D BY LOCAL REG.: MAR 21 1951
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE: Rowland Mortuary Service Inc
ADDRESS: 4104 Manchester

(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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Ronald O Yalmke

Signed.....
Student Embalmer

Licensed Embalmer No. 3917

P. O. Address St Louis 10 M

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.