SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 30 1961

-61-003989
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirkwood
Length of stay in 1b: 1 Day
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St Joseph Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY: Jefferson
c. CITY OR TOWN: Arnold
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt 1 Box 113
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Irene Middle: Elnore Last: Williams
4. DATE OF DEATH: Month: Jan Day: 1st Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-23-1919
9. AGE (last birthday): 41
IF UNDER 1 YEAR: Months: 3 Days: 9
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Stillwell, Olka.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Unkown French
13b. MOTHER'S MAIDEN NAME: Unkown
14. NAME OF HUSBAND OR WIFE: George Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: George Williams Address: Rt 1 Box 113 Arnold Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Circulatory collapse
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): shock and extensive burns
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Clothing caught on fire
20c. TIME OF INJURY: Hour 6:45 a.m. p.m. Month, Day, Year: 1/1/61
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): basement of home
20f. CITY, TOWN, OR LOCATION: Arnold COUNTY: Jefferson STATE: Missouri

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title): Coroner
22b. ADDRESS: Clayton, Mo.
22c. DATE SIGNED: 1/12/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan 6th 1961
23c. NAME OF CEMETERY OR CREMATORY: National Cem
23d. LOCATION (City, town, or county) (State): J.B. Missouri

24. FUNERAL DIRECTOR ADDRESS: Fey Funeral Home, Mehlville Mo.
25. DATE RECD. BY LOCAL REG.: 1-4-61
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D. Jr.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

approx

MAR 24 1967

AUG 30 1967

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 Gustav W. Gutsche

Licensed Embalmer No. 4329

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.