

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13544
Do not use this space.

REC'D MAY 10 1939

1. PLACE OF DEATH

(a) County..... 2 Registration District No..... 791
 (b) Township..... 1 Primary Registration District No..... 1003
 (c) City..... St. Louis (d) Street No..... 5412 Queens Avenue St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth W Twillman

(a) Residence, No. 5412 Queens Ave. St. 7 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis H Twillman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	66	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At home
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN), STATE OR COUNTRY St. Louis County Mo

FATHER

13. NAME William Wiese
 14. BIRTHPLACE (CITY OR TOWN), STATE OR COUNTRY Germany G

MOTHER

15. MAIDEN NAME Fredericka Schenk G
 16. BIRTHPLACE (CITY OR TOWN), STATE OR COUNTRY Germany G

17. INFORMANT (ADDRESS) Louis H Twillman 5412 Queens Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE New Bethlehem April 27 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Math. Hermann & Son 2161 East Fair Ave.

20. FILED APR 27 1939 J. P. ... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 1939

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1936, to April 24, 1939. I last saw *her* alive on April 24, 1939. Death is said to have occurred on the date stated above, at 5:00 P M. The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy

Date of onset

Other contributory causes of importance: *Diabetes mellitus, Arterio-sclerosis, Hypertension*

Name of operation *no* Date of

What test confirmed diagnosis? *laboratory* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *no* Date of injury, 19... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *none*
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify *no*
 (Signed) *H. J. Miller* M. D.
 (Address) *240 N. Broadway - St. Louis 270*

(Licensed Embalmer's Statement on Reverse Side)

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Lester Hampton

Licensed Embalmer No.....

2967

P. O. Address.....

2161 E. Fair

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, above space should be left blank.