

S. No. 2  
-11-10-39  
5-17-39  
-I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36474

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1958

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Lairmore Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Cloumbia Bottoms Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether  
years, months or days)

In this community 55 yr.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis Co.

(c) City or town Lairmore Mo.  
(If outside city or town limit, write "RURAL")

(d) Street No. Baden Station R. 3 Box 272  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** George Twillman

3. (b) If veteran, name war None 3. (c) Social Security No. None

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Oct. day 14  
year 1940 hour 5. minute 30 p. M.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Clinda Twillman 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Sept. (Month) 9 (Day) 1885 (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

**8. AGE:**

Years	Months	Days	If less than one day
<u>55</u>	<u>1</u>	<u>5</u>	hr. _____ min.

Coronary occlusion 1 day

9. Birthplace St. Louis Co.  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation Farmer

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name Herman F. Twillman

13. Birthplace St. Louis Co.  
(City, town, or county) (State or foreign country)

14. Maiden name Francis Frigge

15. Birthplace St. Louis Co.  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant Marvin F. Twillman

(b) Address BADEN STA. R. 3. Box 272

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 17, 1940  
(Month) (Day) (Year)

(c) Place: burial or cremation Black Jack Cem.

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director Diedrich Funeral Home

(b) Address 8319 Halls Ferry Rd.

19. (a) OCT 16 1940 (Date received local registrar)

(b) [Signature] (Registrar's signature)

While at work yes (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Coroner of St. Louis County Date signed 10/15

WRITE PLAINLY—USE 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.....

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

Signed *Arthur P. Friedrich*

Licensed Embalmer No. *3556*

P. O. Address *St. Louis City*

**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.**