

No. 1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
RUB SEP 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29391

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1683

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4602 Edgewood Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Dead on Arrival
(Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96
(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 4602 Edgewood Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lena Twogood

3. (b) If veteran, name war unknown
3. (c) Social Security No. 492-09-11493

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Herschel Twogood
6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Dec. 23 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>7</u>	<u>17</u>	hr. min.

9. Birthplace Independence / Kan.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name George Tracey
13. Birthplace unknown / 9 Unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown / 9 unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Lizzie Knarr

(b) Address 6113 Guthrie

17. (a) Burial (b) Date thereof Aug 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Geo. P. Pleistach

(b) Address 5966 Eastern St. Louis
19. (c) AUG 11 1941 (d) L. W. McLawrence
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day Aug.
year 1941 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from 8-3-41
to 8-9-41
that I last saw her alive on 8-3-41
and that death occurred on the date and hour stated above.

Immediate cause of death Advanced arterio-sclerosis of coronary arteries with occlusion
Duration 1 1/2 yrs.

Due to 127/101
Due to

Other conditions Emphysema of lungs
(Include pregnancy within 3 months of death)
(advanced) Hemorrhage into gastro

Major findings: Intestinal tract
Of operations

PHYSICIAN
Underline the cause to which death should be charged statistically.
Of autopsy above findings verified by autopsy

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?

(Specify type of place) (e) Means of injury

23. Signature B. H. Stehman (M. D. or other) ()
Address C. Way Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 3454

David C. Gibson Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5965 Easton St.

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.