V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 17 1945

State File No. 38640

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2598

96
0
0

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Florrisant
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RR1, Box 677
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Florrisant 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. 1, Box 677 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Gustav A. Twellman
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara E. Twellman
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased April 19, 1877. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	6	19	hr. min.

9. Birthplace Black Jack, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Chiropractor
11. Industry or business Dr. A. Sewing
FATHER
12. Name Unknonn
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Clara E. Twellman
(b) Address Florissant, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12, 1945. (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery
18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.
19. (a) 11-14-45 (Date received local registrar) (b) E. G. McGarrant M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8th year 1945 hour 9:05 minute P M.
21. I hereby certify that I attended the deceased from Nov 5 1945, to Nov 8th 1945; that I last saw him alive on 11-8 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia	10 days
Due to: Dr. Myocardial	1938
Due to: Arteriosclerosis	1935
Other conditions (Include pregnancy within 3 months of death) none	
Major findings: Of operations none	
Of autopsy none	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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)
While at work? (e) Means of injury 0
23. Signature Roy Johnson (M. D. or other)
Address Ferguson Mo. Date signed 11/12/45

(Licensed Embalmer's Statement on Reverse Side)

APR 14 1947

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 John A. McLean

Licensed Embalmer No. 4186

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 this body is not embalmed, fact should be so stated above.