

FILED MAY 27 1946
318

Primary Registration District No. 1003

Registrar's No. 4363

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
5265 Plover Ave.
(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 (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 0-00

(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL") 717

(d) Street No..... 5265 Plover Ave.
(If rural, give location) 9

(e) Citizen of foreign country?..... No (Yes or No) 1
If yes, name country.....

3. (a) PRINT FULL NAME..... George H. Twelbeck

3. (b) If veteran, name war..... No

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 12th
year..... 1946 hour..... 8:50 minute..... A. M.

4. Sex..... Male (M) 5. Color or race..... White

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

6. (b) Name of husband or wife..... Caroline Twelbeck

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... October 11, 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from.....
JUN 2 - 1946, to..... MAY 12, 1946
that I last saw him alive on..... MAY 12, 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>7</u>	<u>1</u>	hr. min.

Immediate cause of death.....
CEREBRAL HEMORRHAGE 48 HRS.

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

10. Usual occupation..... Retired - Maintenance

11. Industry or business..... Church

12. Name..... John Gerhard Twelbeck

13. Birthplace..... Germany
(City, town, or county) (State or foreign country)

14. Maiden name..... Maria Sievers

15. Birthplace..... Germany
(City, town, or county) (State or foreign country)

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

16. (a) Informant..... Charles Twelbeck

(b) Address..... 801 N. Elizabeth, Ferguson, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... May 15, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation..... St. John's Cemetery

18. (a) Signature of funeral director..... Calvin F. Feutz Funeral Home

(b) Address..... 4828 Natural Bridge Blvd.

19. (a) MAY 15 1946 (Date received local registrar) (b) J. J. Braddock (Registrar's signature)

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?

23. Signature..... JAMES T. COOK (Specify type of place) (c) Means of injury..... MI
While at work?..... (M. D. or other) MI

Address..... 5536 Robin Ave Date signed..... 5-13-46

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. Mlinar
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.