

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11095

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6576 Registrar's No. 543

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Saint Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson Barracks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>East St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>12 days</u>		d. STREET ADDRESS (If rural, give location) <u>3315 Maple Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Adm. Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ORVIL</u>	b. (Middle) <u>A.</u>	c. (Last) <u>TWIGGS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 2, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 26, 1907</u>	9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>6</u>	IF UNDER 1 HRS. Hours <u>6</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>E. St. Louis, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Orin Twigg</u>	13b. MOTHER'S MAIDEN NAME <u>Ollie Little</u>	14. NAME OF HUSBAND OR WIFE <u>Ann Twigg</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW-II</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Registrar</u>	ADDRESS <u>Vet. Adm. Hosp., Jefferson Barracks, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BASAL SKULL FRACTURE WITH SUBDURAL /</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>2993</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>Homicide</u> <u>Inquest</u> <u>in Clayton, Mo.</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Feb 11 1949</u> <u>8</u> <u>30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fighting struck by opponent. Fell to street</u>
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22. I hereby certify that I attended the deceased from Feb. 18, 1949, to March 2, 1949, that I last saw the deceased alive on March 2, 1949, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. E. Stilwell</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>VAH, Jefferson Barracks, Mo.</u>	23c. DATE SIGNED <u>3/2/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 4, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hill Creek</u>	24d. LOCATION (City, town, or county) (State) <u>Whiteside, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-3-49</u>	REGISTRAR'S SIGNATURE <u>Theresa L. Lunge</u>	FUNERAL DIRECTOR'S SIGNATURE <u>John J. Hawley</u>	ADDRESS <u>E. St. Louis, Ills.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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10-48
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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 _____

working under my personal supervision. *not embalmed* Student Embalmer No. _____

Signed _____
Student Embalmer

Signed *John J. Karsky* _____
Licensed Embalmer No. *6855000*

P. O. Address *Over 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.