

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 375

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>22 Days</u>	c. CITY OR TOWN <u>Florissant</u> / <u>4000</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>Rt. 3, Box 42 (Pohlman Road)</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>MARY</u> c. (Last) <u>TWELLMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 9 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Caucasian</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 29, 1896</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>xxx</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Florissant, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Louis Olheide</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Kamp</u>		14. NAME OF HUSBAND OR WIFE <u>Oliver R. Twellman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Oliver R. Twellman</u> ADDRESS <u>Rt. 3, Box 42, Florissant, Mo.</u>			
MEDICAL CERTIFICATION					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic glomerulonephritis with uremia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic rheumatoid arthritis</u>				<u>12 yrs</u>
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>None</u>			
22. I hereby certify that I attended the deceased from <u>8-19</u> , 19 <u>55</u> , to <u>1-9</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-9</u> , 19 <u>56</u> , and that death occurred at <u>7:45 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Edward P. Reh MD</u>			23b. ADDRESS <u>15 Durbake Florissant Mo</u>		23c. DATE SIGNED <u>1-10-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-12-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salem Lutheran Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Black Jack, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>JAN 11 1956</u>	REGISTRAR'S SIGNATURE <u>Charles Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene A. Hutchins</u> ADDRESS <u>Florissant, Mo</u>		

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Gene A. Hutchins*

Licensed Embalmer No....4966

P. O. Address Florissant,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.