

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025627

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1741

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

14700

24000

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH JUN 20 1962
 a. COUNTY ST. LOUIS
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN COOL VALLEY Length of stay in 1b YRS.
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION HILLTOP HOUSE Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1301 S. FLORISSANT RD. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
CHARLES A. TWELE JUNE 10 - 1962

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8/1/1879 9. AGE (last birthday) 82 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WOODWORKER 10b. KIND OF BUSINESS OR INDUSTRY RETIRED 17 YRS 11. BIRTHPLACE (City and state or country) BELLEVILLE ILLS. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME ALPHONSE TWELE 13b. MOTHER'S MAIDEN NAME CHRISTINE GASS 14. NAME OF HUSBAND OR WIFE JOSEPHINE R. TWELE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Address 18 CYRIL A. TWELE 5969 FLOY AVE

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) arteriosclerotic heart disease INTERVAL BETWEEN ONSET AND DEATH - ?
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 4 - 1962 to June 10 - 1962 and last saw him alive on June 10 - 1962
 Death occurred at 5:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John G. McJorney MD 22b. ADDRESS 504 Thekla Av 22c. DATE SIGNED 6/12/62

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE 6-13-1962 23c. NAME OF CEMETERY OR CREMATORY GALVARY GEM. 23d. LOCATION (City, town, or county) (State) ST. LOUIS MO

24. FUNERAL DIRECTOR ADDRESS GEBKEN-BENZ MORTUARY 2842 MERAMEC ST. 25. DATE RECD. BY LOCAL REG. 6-12-62 26. REGISTRAR'S SIGNATURE John G. McJorney MD

USE BLACK INK OR TYPEWRITER RIBBON

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 Joe S. Benz

Licensed Embalmer No. 4249

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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