

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22094

1. PLACE OF DEATH

County.....
Towship.....
City.....*St. Louis* (No.....)

Registration District No.....
Primary Registration District No.....

**791
1003**

File No.....
Registered No. **6267**.....
St..... Ward.....

2. FULL NAME

(a) Residence. No. *3952 St. 11th* St. *26* Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE of *Johanne Twollmann*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept. 18, 1845*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 8 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Retired / Saw Filer*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer *St. Louis Car Co.*

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *Germany*

10. NAME OF FATHER

Gottlieb Twollmann

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) *Germany*

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) *Germany*

PARENTS

14. INFORMANT *Johanne Twollmann*
(Address) *3952 St. 11th*

15. FILED *JUN 12 1928* *May C Stanley* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 11 1928*

17. I HEREBY CERTIFY That I attended deceased from *June 1st* 1928, to *June 11th* 1928 that I last saw him alive on *June 10* 1928, and that death occurred, on the date stated above, at *4:15 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterial Sclerosis with Hypertension

CONTRIBUTORY (SECONDARY)

Interstital Nephritis - Chronic (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *Geo. A. Mellies*, M. D.

(Address) *2917 St. Louis Ave*

*State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

New Bethelheim *June 14 1928*

20. UNDERTAKER

ADDRESS

Chas. M. Seiderwiden St. Louis *1936*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

