

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

Do not use this space.

24164

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis, (No. Central Hospital).

File No.....
Registered No. 6267
St. Ward)

2. FULL NAME Infant Twesten.

(a) Residence, No. 6947 Etzel St. 12 Ward. St. Louis, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1932.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
--- -- -- 30 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

13. NAME Edwin C. Twesten.

14. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Katherine A. Muehling.

16. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

17. INFORMANT Edwin C. Twesten (ADDRESS) 6947 Etzel Ave.

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cem. DATE July 7, 1932.

19. UNDERTAKER J. A. Kubken & Co. (ADDRESS) 2842 Meramec St.

20. FILED 11-6-32 W. J. ... Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/6 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/6 - 1932 to 7/6 - 1932
I last saw him alive on 7/6 - 1932 Death is said to have occurred on the date stated above, at 9:20 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Presumptive
6 1/2 months
159
151 D
Other contributory causes of importance: (Trombosis)
respiration
secretion

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) W. J. ..., M. D.
(Address) 2783 N. Grand St. St. Louis

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.

RECORD WITH EXPANDING INK—THIS IS A PERMANENT RECORD

