

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.

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

Do not use this space.

SEP 1 1936

32782

1. PLACE OF DEATH

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1003  
City St. Louis, Mo. (No. 1441 A., Semple Ave.) St. .... Ward)

File No. ....  
Registered No. 8659  
St. .... Ward)

2. FULL NAME Mabel L. Twellman

(a) Residence, No. 1441 A. Semple Ave. St. 6 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
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 Female 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 Arthur Twellman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 14, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
52 7 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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

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

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

MOTHER / FATHER 13. NAME Peter Dreher

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

15. MAIDEN NAME Louise Long

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La.

17. INFORMANT (ADDRESS) Arthur Twellman  
1441 A. Semple Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Lebanon DATE 8/22/36

19. UNDERTAKER (ADDRESS) Transashland Co. Inc.  
3712 N. Grand Blvd.

20. FILED AUG 20 1936 J. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 20<sup>th</sup> 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to Aug 20, 1936  
Last saw her alive on Aug 2, 1936. Death is said to have occurred on the date stated above, at 12:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Mutual Regeneration Date of onset

Other contributory causes of importance  
S. B. of the Bones of body

Name of operation ..... 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? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....  
(Signed) A. L. Steupel M. D.  
(Address) 3450 N 14

1. (2) 6711 2/14 8-10A M