APR 9 1937

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

Do not use this space.

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1003

File No. 3384

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 1003

Township ..... Primary Registration District No. /

City St. Louis (No. St. John's Hospital / St. ..... Ward)

2. FULL NAME McGinnis William Tweddle

(a) Residence, No. 4423 Evans Ave. St., 11 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 8, 1855

7. AGE: 2 YEARS: 81 MONTHS: 7 DAYS: 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. contractor (brick)

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

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): Tiline, Ky.

FATHER

13. NAME: Joseph D. Tweddle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): J. Tweddle (Son) 4423 Evans Ave, St. L.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Valhalla Cem. DATE: March 27, 1937

19. UNDERTAKER (ADDRESS): Croghan Und. Co. Inc. - 7146 Manchester Ave.

20. FILED: MAR 27 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 8th, 1936, to March 24, 1937

I last saw him alive on March 24, 1937. Death is said to have occurred on the date stated above, at 9 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophied Prostate	8-8-36
Other contributory causes of importance:	
Uremia	3-18-37
Myocarditis Chronic	?

93C

Name of operation: Prostatectomy Date of: 2-18-37

What test confirmed diagnosis? operation. Was there an autopsy? no.

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) J. M. Brown, M. D.

(Address) 2867a Union Blvd

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.

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