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

REC'D JUL 12 1938

20395
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1008
(b) Township ..... Primary Registration District No. ..... Registered No. 5534
(c) City St. Louis (d) Street No. Central Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ellen Flora Twillmann 455
(a) Residence, No. Spanish Lake Mo R.H. St. NR
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF — — —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8-1938
7. AGE YEARS MONTHS DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as saw mill, bank, etc. Child
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spanish Lake Mo 0

FATHER
13. NAME Arvil Twillmann 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spanish Lake Mo

MOTHER
15. MAIDEN NAME Eleanor Rosenkoetter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cross Keys Mo

17. INFORMANT (ADDRESS) Arvil Twillmann Spanish Lake Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Blackjack Cem DATE June 20 38
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Diedrich F. Home 8319 Hells Ferry Rd.
20. FILED JUN 19 1938 J. P. Bullock Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1938
22. I HEREBY CERTIFY, That I attended deceased from June 8, 1938, to June 18, 1938
I last saw her alive on June 18, 1938 Death is said to have occurred on the date stated above, at 1 P.M.
The principal cause of death and related causes of importance were as follows:

Fetal atelectasis 5 | Date of onset 6/8/38

Other contributory causes of importance: Premature birth 7 mo.

0

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? .....
If so, specify .....
(Signed) Wm. G. Knight 1, M. D.
(Address) 8201 N. Broadway St. Louis Mo

Licensed Embalmer's Statement on Reverse Side)

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed: Arthur R. Hindrich

Licensed Embalmer, No. 3556

P. O. Address Ft Kent Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.