

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32590**

FILED OCT 7 1941
Registration District No. **200**

Primary Registration District No. **200**

Registrar's No. **2016**

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **Larimore Mo**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **23 Yrs.**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Martin Twillmann**
 3. (b) If veteran, name war **NONE**
 3. (c) Social Security No. **NONE**

4. Sex **Male ()** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Nov 30 1917**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	23	10	-	hr. _____ min.

9. Birthplace **Larimore Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER
 { 12. Name **Herman Twillmann**
 { 13. Birthplace **St. Louis Co Mo**
(City, town, or county) (State or foreign country)
 { 14. Maiden name **Catherine Blome**
 { 15. Birthplace **Blackjack, Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harold Twillmann**
 (b) Address **8724 Chestnut Ave**

17. (a) **Burial** (b) Date thereof **10-4-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Salem Lutheran Cem.**

18. (a) Signature of funeral director **Diedrich Funeral Home**
 (b) Address **8319 Halls Ferry Rd.**

19. (a) **OCT 3 - 1941** (b) **E. S. McFarland**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **St. Louis**
 (c) City or town **Larimore Mo**
(If outside city or town limits, write "RURAL")
Baden Station R. 3
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **30**
 year **1941** hour _____ minute **5:30P** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Gun shot wounds inflicted by four negroes.** Duration

Due to **Gun shot wounds of chest and above right kidney; causing internal hemorrhage.**

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: **None**
 Of operations _____
 Of autopsy **Yes**

PHYSICIAN

 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **Homicide**
 (b) Date of occurrence **Sept. 30, 1941**
 (c) Where did injury occur? **Larimore, Mo.**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? **No** (Specify type of place) _____
 (e) Means of injury **Gun shot**

23. Signature **Louis H. Hoffmann** (M. D. or other)
 Address **Kirkwood, Mo.** Date signed **10/2/41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2600

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.....

John M. Meyer

Licensed Embalmer No. *3288*

P. O. Address *Hirkwood, Mo*

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

If this body is not embalmed, fact should be so stated above.