. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 16747

Registrar's No. 4633

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)
In this community 8 years

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Mo. (b) County 17
(c) City or town St. Louis, 922
(If outside city or town limits, write "RURAL")
(d) Street No. 2225 Eugenia
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ella ~~[illegible]~~ TWYMAN
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex Female
5. Color or Race Colored
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Edward Twyman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 22 (Day) 1880 (Year)

8. AGE: Years 61 Months 5 Days 4 If less than one day hr. min.

9. Birthplace Bolivar Co. Miss / (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home

FATHER
12. Name Thomas Mayfield
13. Birthplace Bolivar Co. Miss / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Charity Mayfield
15. Birthplace Bolivar Co. Miss / (City, town, or county) (State or foreign country)

16. (a) Informant Johana Pooks
(b) Address 2225 Eugenia St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29 42 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson
18. (a) Signature of funeral director O. W. Walpers
(b) Address 2829 Washington Ave
19. (a) MAY 28 1942 (Date received local registrar) J. T. Predeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26, year 1942 hour 1 minute 25 P. M.
21. I hereby certify that I attended the deceased from May 18, 1942, to May 26, 1942 that I last saw her alive on May 26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Influenza	
Senility with Psychosis	Undet.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury O

23. Signature M. A. Sanders (M. D. or other)
Address 260 Wheatley Date signed 5/26/42

(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 Oliver Wendell Holmes

Licensed Embalmer No. 4190

P. O. Address 2829 Washington

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.