S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19106

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 1134

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town SPANISH LAKE MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BELLEFONTAIN RD / BADEN STATION R 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether
In this community 74 YR.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS 9600
(c) City or town SPANISH LAKE BADEN STATION R4
(If outside city or town limits, write "RURAL")
(d) Street No. BADEN STATION R 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOHN TWILLMAN

3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex MALE 0
5. Color or race WHTE
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife MARTHA TWILLMAN
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased JAN. (Month) 31 (Day) 1868 (Year)

8. AGE: Years 74 Months 3 Days 23 If less than one day hr. min.

9. Birthplace SPANISH LAKE (City, town, or county) MO (State or foreign country) 0
10. Usual occupation FARMER
11. Industry or business
FATHER
12. Name JOHN H. TWILLMAN
13. Birthplace GERMANY (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name FREDERICKA KAUNE
15. Birthplace GERMANY (City, town, or county) (State or foreign country) 4
16. (a) Informant Martha Twillman
(b) Address Baden Station R.4 Box 590
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY (Month) 25 (Day) 1942 (Year)
(c) Place: burial or cremation SALEM LUTH. CEM.
18. (a) Signature of funeral director Diedrich E. HOME
(b) Address 8319 HALLS FERRY Rd.
19. (a) MAY 23 1942 (Date received local registrar) (b) C. G. McGarvin M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 22
year 1942 hour minute M.
21. I hereby certify that I attended the deceased from Jan. 17, 1941, 19 to Oct 27, 1941
that I last saw him alive on 10-27-41, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic endocarditis	
Due to arterial hypertension	
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 0
23. Signature [signature] (M. D. or other) M.D.
Address 5074 N. Union Date signed 5-23-42

707 (Licensed Embalmer's Statement on Reverse Side)

JUL 23 1946

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: [illegible] Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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