

100  
17  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3952a N. 11th St./  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9  
(If outside city or town limits, write "RURAL")

(d) Street No. 3952a N. 11th St. 26  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emma Spilker

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gustave H. 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: Oct. 11 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>66</u>	<u>9</u>	<u>10</u>	_____ hr. _____ min.

9. Birthplace: St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: \_\_\_\_\_

MOTHER FATHER { 12. Name: John H. Twellman

13. Birthplace: Germany  
(City, town, or county) (State or foreign country)

14. Maiden name: Johanna Landwehr

15. Birthplace: Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant: Gustave H. Spilker

(b) Address: 3952a N. 11th St.

17. (a) Burial (b) Date thereof: July 25, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: New Bethlehem

18. (a) Signature of funeral director: Reiderwieden F. Home Inc.

(b) Address: 1936 St. Louis Ave

19. (a) 23 1942 (b) J. J. Fiedler  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21  
year 1942 hour 7 minute 35 P.M.

21. I hereby certify that I attended the deceased from 4/2/42  
to 7-21-42 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

that I last saw her alive on 7-21-42 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio-respiratory failure Duration \_\_\_\_\_

Due to Massive cancer infiltration of mediastinum and lungs

Due to Adenocarcinoma of right mammary gland

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 11/29/40 Radical breast operation & microscopic confirmation of clinical diagnosis at that time. 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature: H. E. Stewart M.D. or other \_\_\_\_\_

Address: 7-22-42 206 N. Broadway

at Lewis & Co

Dr. G. E. Meisenbach  
306 N Grand  
FR. 9679  
4-5 p.m.

APR 19 1936

**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..... *[Signature]*  
Licensed Embalmer No..... *2737*  
P. O. Address..... *1936 St. Louis Ave*

**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.**