S. No. 2
0M—2-43
v. 5-17-39
Ed. 1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19331

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5455

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: 5412 Queens Ave
(If not in hospital or institution, write street number or location)

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 5412 Queens Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Clara Twillman Weeks

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, divorced Widow

6. (b) Name of husband or wife Albert M. Weeks

6. (c) Age of husband or wife if alive ------ years

7. Birth date of deceased November 3, 1895
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	7	19	hr. min.

9. Birthplace St. Louis County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Louis H. Twillman
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Wiese
15. Birthplace St. Louis County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Louis H. Twillman

(b) Address 5412 Queens Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/45 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUN 23 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22, year 1945 hour 7:30 AM minute M.

21. I hereby certify that I attended the deceased from Oct 15 1943 to June 22 1945 that I last saw h alive on June 22 1945 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage 2 hr

Due to Hypertension blood pressure 4 years

Due to not known

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

Duration

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) no

(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

23. Signature Dr. Harry F. Miller (M. D.)

Address 8400 N. Broadway Date signed 6/22/45

(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 Gustav W. Dietile

Licensed Embalmer No. 4329

P. O. Address St Louis 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.