

STANDARD CERTIFICATE OF DEATH
1003

State File No. 29444
Registrar's No. 8551

Registration District No. 318 Primary Registration District No. _____

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:
4637 Maffitt Avenue /
(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 St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4637 Maffitt Ave
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Twelbeck

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

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased January 13 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 8 19 hr. _____ min.

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

10. Usual occupation Maintenance

11. Industry or business _____

MOTHER FATHER { 12. Name Herman Twelbeck
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Hahn
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Boeckenheide
(b) Address 4637 Maffitt Avenue

17. (a) Burial (b) Date thereof 10/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Kraeger-Voss, Inc.

(b) Address 3402 No. Kingshighway

19. (a) OCT 3 1945 (b) J. T. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day Second
year 1945 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from Apr 4
1945 to Apr 2 1945

that I last saw him alive on Apr 29 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pyelo-nephritis
Non-calculous

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 J. T. Bredek (M. D. or other) _____

Address 203-3720 Worthington Blvd Date signed 10/3/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

50
17
9

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.....

Licensed Embalmer No.....

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.