

S. No. 2
M-5-43
5-17-39
I X3667

FILED AUG 5 1946

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution **St. Louis City Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____

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. **6811a Nashville**
(If rural, give location)

(e) Citizen of foreign country? **D** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **James Benton Twidwell**

3. (b) If veteran, name war **Nil**

3. (c) Social Security No. **333-03-3174**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **25**
year **1946** hour **7** minute **10** **9** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Beatrice Twidwell**

6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **June 30 1892**
(Month) (Day) (Year)

Immediate cause of death **Fracture skull in the forehead, ruptured blood vessel when he was struck by a automobile driven by St. Henry High Sch. Bus 100 West 4th St. at intersection at the 11th St. Highway ground 9:15 PM July 24, 1946**

Other conditions _____
(Include pregnancy within 6 months of death)

8. AGE:	Years	Months	Days	If less than one day
	54	0	25	hr. _____ min _____

9. Birthplace **Wayne County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Annealer**

11. Industry or business **Nesco Co.**

12. Name **Madison Twidwell**

13. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Beatrice Twidwell**

(b) Address **6811a Nashville Ave.**

17. (a) **Burial** (b) Date thereof **7-29-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Silva, Missouri**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **JUL 25 1946** (b) **J. F. Bredeek**
(Date received local registrar) (Registrar's signature)

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) **Accident**

(b) Date of occurrence **July 24 1946**

(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?
Express Highway

While at work? _____ (e) Means of injury _____

23. Signature **Dr. Alfred J. Perry** (M.D. or other) _____
Address **Reg. Coroner** Date signed **7/25/46**

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

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MOTHER FATHER

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.....

Albert G. Koffe

Licensed Embalmer No..... *2971*

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.