No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35232

Registration District No. 3707 — Primary Registration District No. 6076 — Registrar's No. 2453

1. PLACE OF DEATH:
(a) County: St Louis
(b) City or town: Rural: Airport Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: JEWISH SANATORIUM (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: 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 29
(c) City or town: Arcola (If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Francis Loyd Twaddell
3. (b) If veteran, name war: No
3. (c) Social Security No.: None

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: Frances Twaddell
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: March (Month) 6 (Day) 1865 (Year)

8. AGE: Years 83 | Months 7 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace: Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: School Teacher
11. Industry or business .....

FATHER
12. Name: Aurelius Twaddell
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Ann Robinson
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Miss Lena Belle Twaddell
(b) Address: 3937 Randall
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenfield, Mo.
18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.
19. (a) 10-23-48 (Date received local registrar) (b) Cecil A. Z. Sharp, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October day: 22 year: 1948 hour: 4 minute: — P.M.
21. I hereby certify that I attended the deceased from October 16, 1948 to October 22, 1948, that I last saw him alive on October 22, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	6 days
Due to: cerebr. and gen. arteriosclerosis	17 years
Due to: 83	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN — Underline the cause of 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 .....

23. Signature: Philip Hanson (M. D. ~~or other~~)
Address: JEWISH SANATORIUM Date signed: 10/24/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side) Road, St. Louis County, P. O. Robertson, Mo.

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

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 Elton R. H. Rumelius

Licensed Embalmer No. 4263

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.