S. No. 300
V. 10.48

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

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10729

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2076

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 20 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Barnes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Alton
d. STREET ADDRESS (If rural, give location): 2406 Crawford Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): CURTIS
b. (Middle): LeRoy
c. (Last): TWICHELL

4. DATE OF DEATH (Month) 3 (Day) 3 (Year) 51

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 23, 1902
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Cartridge Plant
11. BIRTHPLACE (State or foreign country): Deer Plain, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Chesley Twichell
13b. MOTHER'S MAIDEN NAME: Margaret Guthrie
14. NAME OF HUSBAND OR WIFE: Ruby Twichell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 327-07-0287
17. INFORMANT'S SIGNATURE OR NAME: Mrs Ruby Twichell — **ADDRESS**: 2406 Crawford Ave Alton, Ill.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Brain tumor, malignant — 6 months?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 143 X

22. *I hereby certify that I attended the deceased from* 2/11, 19 51, *to* 3/3, 19 51, *that I last saw the deceased alive on* 3/3, 19 51, *and that death occurred at* 7:51 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: F R Bradley (Degree or title): M.D.
23b. ADDRESS: BARNES HOSPITAL
23c. DATE SIGNED: 3/3/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 6, 1951
24c. NAME OF CEMETERY OR ~~CREMATORY~~: Short Cemetery
24d. LOCATION (City, town, or county) (State): Foster Twp. Madison Co. Ill.

DATE REC'D BY LOCAL REG. MAR 5 1951
REGISTRAR'S SIGNATURE: J B Lassiter
25. FUNERAL DIRECTOR'S SIGNATURE: Robert H. Streeper **ADDRESS**: Alton, Ill.

(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 .....

.....,

working under my personal supervision.

Student Embalmer No. .....

Signed Robert H. Streeper

Signed .....
Student Embalmer

Licensed Embalmer No. 2474

P. O. Address Alton, Ill.

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.