

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43387**

FILED JAN 10 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11362**

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY                          |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |  |
| b. CITY OR TOWN <b>St. Louis</b>                        |  | c. CITY OR TOWN <b>49 St. Quince</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran</b> |  | d. STREET ADDRESS (If rural, give location) <b>2 4944 Quincy</b>  |  |

|   |             |                        |  |
|---|-------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Mary</b> | b. (Middle) | c. (Last) <b>Twist</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>12 21 1951</b> |
|---|-------------|------------------------|--|

|                 |                           |   |                                      |   |                        |                       |      |
|-----------------|---------------------------|---|--------------------------------------|---|------------------------|-----------------------|------|
| 5. SEX <b>F</b> | 6. COLOR OR RACE <b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b> | 8. DATE OF BIRTH <b>Feb. 4, 1865</b> | 9. AGE (In years last birthday) <b>86</b> | IF UNDER 1 YEAR Months | IF UNDER 6 HRS. Hours | Min. |
|-----------------|---------------------------|---|--------------------------------------|---|------------------------|-----------------------|------|

|  |   |  |   |
|--|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b> | 11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
|--|---|--|---|

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME <b>William Kendall</b> | 13b. MOTHER'S MAIDEN NAME <b>Alice Swift</b> | 14. NAME OF HUSBAND OR WIFE <b>William D Twist</b> |
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|---|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Mary Gilbert 4944 Quincy</b> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ARTERIO SCLEROTIC HEART DISEASE</b>   |  | <b>10 YEARS</b>                  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>GENERALIZED ARTERIO SCLEROSIS</b> |  | <b>10 YEARS</b>                  |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <b>NONE</b> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|--|--|

|  |  |   |
|--|--|---|
| 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) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR <b>H 200</b> |
|--|--|--|

22. I hereby certify that I attended the deceased from **JAN 1947**, to **DEC 21, 1951**, that I last saw the deceased alive on **DEC 21, 1951**, and that death occurred at **4:20 AM**, from the causes and on the date stated above.

|   |                                   |                                  |
|---|-----------------------------------|----------------------------------|
| 23a. SIGNATURE (Degree or title) <b>George A. Danner MD</b> | 23b. ADDRESS <b>5203 Chippewa</b> | 23c. DATE SIGNED <b>12/21/51</b> |
|---|-----------------------------------|----------------------------------|

|   |                           |   |  |
|---|---------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>12/24/51</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>New Picker Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b> |
|---|---------------------------|---|--|

|   |  |  |
|---|--|--|
| DATE REC'D BY LOCAL REG. <b>DEC 22 1951</b> | REGISTRAR'S SIGNATURE <b>J. Carl Smith, MD</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.L. Ziegenhein &amp; Sons 702 1/2 Gravois</b> |
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed W. G. Peterson

Signed.....

Student Embalmer

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

**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.