

FILED JUL 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26433

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6437	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy		d. STREET ADDRESS (If rural, give location) 7114 Lexington Ave. 414	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospt.							
3. NAME OF DECEASED (Type or Print) Esther (Esther) Twillmann			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH July 2 1952 (Month) (Day) (Year)	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 2 1908		9. AGE (In years last birthday) 44	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Martin Kammeir		13b. MOTHER'S MAIDEN NAME Julia Kronsbein		14. NAME OF HUSBAND OR WIFE Lorenz Twillmann			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lorenz Twillmann 7114 Lexington			
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) Pulmonary embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Abdominal operation DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 9 days	
19a. DATE OF OPERATION 6/23/52		19b. MAJOR FINDINGS OF OPERATION Myomata of uterus. Cervicitis.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 233X					
22. I hereby certify that I attended the deceased from 6/22 1952 , to 6/7/52 , 19 52 , that I last saw the deceased alive on 7/2 , 19 52 and that death occurred at 8:52a m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Thomas A. Clark M.D.				23b. ADDRESS 04952 Maryland		23c. DATE SIGNED 7/2/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Remo		24b. DATE July 7 1952		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co Mo	
DATE REC'D BY LOCAL REG. JUL 3 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos W Clark 1125 Hodiament Ave			

(Licensed Embalmer's Statement on Reverse Side)

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

W. City France.
4952 Maryland.
1-3. PM.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Alfred J. Boedeke
Licensed Embalmer No. 2668
P. O. Address 1125 Hordisman

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.