

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41295**
Registrar's No. **11289**

FILED DEC 7 1953

318

PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ REGISTRAR'S NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY OR TOWN <i>St. Louis, Mo.</i>		c. CITY OR TOWN <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Fernin Desloge Hospital</i>		e. STREET ADDRESS (If rural, give location) <i>2349 N. Market</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Thomas</i> b. (Middle) <i>Francis</i> c. (Last) <i>Twamley</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>11 27 53</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Aug. 31 - 1880</i>
9. AGE (In years last birthday) <i>73</i>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>mill worker</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>New York State</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Unknown</i>	
13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		13c. NAME OF HUSBAND OR WIFE <i>Mathilda Twamley</i>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		15. SOCIAL SECURITY NO.	
16. INFORMANT'S SIGNATURE OR NAME <i>Mathilda Twamley</i>		17. ADDRESS <i>2349 N. Market St</i>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral vascular accident</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Arteriosclerotic heart disease; Emphysema; Coronary arie.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) <i>331X</i>	
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?		22. I hereby certify that I attended the deceased from <i>11/27, 1953</i> , to <i>11/27, 1953</i> , that I last saw the deceased alive on <i>11/27, 1953</i> , and that death occurred at <i>10:40 p.m.</i> , from the causes and on the date stated above.	
23a. SIGNATURE <i>Frank R. Mohr, M.D.</i>		23b. ADDRESS <i>1325 5th Grand Blvd.</i>	
23c. DATE SIGNED <i>11/27/53</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>Dec. 1 - 1953</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>J. Carl Smith</i>	
25. ADDRESS <i>2228 St. Louis Ave</i>		DATE REC'D BY LOCAL REG. <i>NOV 30 1953</i>	

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *J. Allen Davis*

Licensed Embalmer No. *4653*

P. O. Address..... *[Signature]*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**