

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32803

STATE FILE NUMBER

FILED OCT 10 1956

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2310

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Affton, Missouri</b>		c. CITY OR TOWN <b>Affton 4810</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>8009 Pontiac</b>		d. STREET ADDRESS <b>8009 Pontiac</b> (If outside, give location)	
Length of stay in 1b <b>25 yrs.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Paul</b> Middle <b>G.</b> Last <b>Twelker</b>		4. DATE OF DEATH Month <b>September</b> Day <b>29</b> Year <b>1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 26, 1866</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hoisting</b>	11. BIRTHPLACE (City and state or country) <b>Franklin County, Mo.</b>
13. FATHER'S NAME <b>Christ Twelker</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <b>No Nil</b>		16. SOCIAL SECURITY NO. <b>489-18-2142</b>	17. INFORMANT Address <b>Mrs. William Richtermeyer 8009 Pontiac</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease with Decompensation</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Generalized Arteriosclerosis</b>			<b>10 yrs.</b>
DUE TO (c) <b>4200</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <b>10:30</b> Month <b>1951</b> Day <b>9-28-56</b> Year <b>1951</b> a. m. <b>a</b> p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1951</b> to <b>9-28-56</b> and last saw her/him alive on <b>9-28-56</b> Death occurred at <b>10:30</b> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. J. Roth</b> (Degree or title)		22b. ADDRESS <b>835 Mo. Theatre Bldg.</b>	22c. DATE SIGNED <b>9-29-56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10-1-56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Haven Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Washington, Mo</b>
24. FUNERAL DIRECTOR ADDRESS <b>Albert H. Hoppe 4700 Washington</b>		25. DATE RECD. BY LOCAL REG. <b>10-1-56</b>	26. REGISTRAR'S SIGNATURE <b>Heber R. Donker</b>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Health Service  
 300 1-56  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Wm Bentley*

Licensed Embalmer No. *365*

P. O. Address *St Paul*

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.