MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2378

1. PLACE OF DEATH
County St. Louis — Registration District No. 785 — File No.
Township Carondelet — Primary Registration District No. 6248 — Registered No. 14
City (No. Bethesda Dillworth Hospital St. Ward)

2. FULL NAME Maggie Lorenz
(a) Residence. No. 4942 Farlin av St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robert W. Lorenz

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sep. 11 1878

7. AGE: Years 49 — Months 3 — Days 26 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: At Home

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

PARENTS
10. NAME OF FATHER: Robert Stewart
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Scotland
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Scotland

14. INFORMANT: Robert Lorenz
(Address) 4942 Farlin av

15. FILED 1/10 1928 C. A. Burnett M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-7 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1927, to Jan. 7, 1928, that I last saw her alive on Jan. 7, 1928, and that death occurred, on the date stated above, at 7:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Common Bile Duct (duration) about 2-3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Interstitial Nephritis (duration) 2-3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Jan. 7-1928
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? operative findings
(Signed) Arthur W. Westrup, M.D.
1-9, 1928 (Address) 204 E. Big Bend Rd Webster Groves

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St. John's Cemetery — DATE OF BURIAL: Jan-12 1928

20. UNDERTAKER: Kriegshauser M.D. — ADDRESS: 4104 Manchester av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERMANENT RECORD