

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

Do not use this space.

**15358
15091**

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. Josephine Hospital)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 4292
Si. Ward)

2. FULL NAME

Henry C Lenz

(a) Residence No. 2914 Indiana St. 24 Ward.

Length of residence in city or town where death occurred 47 yrs. - mos. - da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 May Lenz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 22 - 1898

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>47</u>	<u>11</u>	<u>26</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Edwardsville Ill
(STATE OR COUNTRY)

10. NAME OF FATHER George Lenz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Mary Lenz
(Address) 2914 Indiana

15. FILED 20 1928 Mary C. Stark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 18 1928

17. I HEREBY CERTIFY That I attended deceased from Apr 10 1928, to Apr 18 1928, and that I last saw him alive on Apr 18 1928, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Obstruction of bowels
Incarcerated hernia
Laparotomy
Shock
(duration) yrs. mos. 12 da.
(duration) yrs. mos. 3/11 da.

18. WHERE WAS DISEASE CONTRACTED 11800
IF NOT PLACE OF BIRTH.....
DID AN OPERATION PRECEDE DEATH? yes DATE OF Apr 15/28
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) M. Stimmer M. D.
Apr 19 1928 (Address) 2134 Greenwood

*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 New St Marcus DATE OF BURIAL Apr 21 1928

20. UNDERTAKER Mr. C. Moy dell ADDRESS 1926 Allen

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1700