

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

Do not use this space.

32229

1. PLACE OF DEATH

County..... Registration District No. 791
Towship..... Primary Registration District No. 1003
City St. Louis, Mo. (No. 3727 - Virginia)

File No.
Registered No. 9538
St. Ward

2. FULL NAME

Mollie Lorenz
(a) Residence. No. 3727 Virginia St., 16 Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 6 - 1849

| | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
| | <u>79</u> | <u>7</u> | <u>18</u> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Fred Quecker

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Margaret Blain
(Address) 3727 Virginia Ave.

15. FILED SEP 26 1928 Wm C Standley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 24 - 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 23, 1928, to Sept 24, 1928 that I last saw h. u alive on Sept 24, 1928, and that death occurred, on the date stated above, at 8:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
(duration) 3 yrs. 3 mos. 3 ds.
CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis
(duration) 2 yrs. 3 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH?

WHAT TEST CONFIRMED DIAGNOSIS? Winalson's Oecolography

(Signed) J. L. Ch. Carter, M.D.
8/25, 1928 (Address) 2603 Cherokee St

*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 9-28-1928

20. UNDERTAKER Ziegenheim Bros. 2623 Cherokee St. ADDRESS

WRITE PLAINLY, WITH UNFADING INK--IRIS 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.

