

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. City Infirmary)

File No. 19783
Registered No. 5394
St. Ward)

2. FULL NAME

(a) Residence, No. City Infirmary 13 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 29 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 3 14

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

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

10. NAME OF FATHER Frany Lentz

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT M. Hoffman
(Address) City Infirmary

15. FILED MAY 15 1929 Wm C. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13 1929

17. I HEREBY CERTIFY, That I attended deceased from May 1 1929, to May 13 1929 that I last saw him alive on 5/13/29 and that death occurred, on the date stated above, at 12:35 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
Labar
101 W (duration) yrs. mos. da.
CONTRIBUTORY Senility
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH: DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.
(Signed) T. M. Perry, M. D.
, 19 (Address) 5800 Arsenal 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 Calvary Cem DATE OF BURIAL May 16 1929

20. UNDERTAKER J. H. Peckham & Co. 282 N. Main ADDRESS?

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

R. 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.

10-10-29

13