

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

Do not use this space.

14406

**1. PLACE OF DEATH**

County ..... Registration District No. 7011  
Township ..... Primary Registration District No. 100053  
City St. Louis (No. 50834 Page)

File No. ....  
Registered No. 3744  
St. .... Ward)

**2. FULL NAME**

Caroline Lorenzen  
(a) Residence, No. 50834 Page St. 6 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 20 - 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>78</u>	<u>-</u>	<u>25</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) .....  
11. Total time (years) spent in this occupation .....

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

FATHER 13. NAME William Kuenker

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

MOTHER 15. MAIDEN NAME Charlotte Kohlmeier

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

17. INFORMANT (ADDRESS) Garric Harris

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE Apr 18 1932

19. UNDERTAKER (ADDRESS) East Street

20. FILED Apr 18 1932 Max C. Starbuck Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1932 to April 15 1932  
I last saw her alive on April 15 1932 Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows: Valvular Disease of the heart. Date of onset

Other contributory causes of importance: Arterio Sclerosis

Name of operation X Date of .....  
What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury X 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? X  
If so, specify .....

(Signed) Rose Minnie Rose, M. D.  
(Address) 5411 Easton Ave

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.

