

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

Do not use this space.

37639

1. PLACE OF DEATH

County..... Registration District No. *801*
Township..... Primary Registration District No. *3000*
City *St. Louis* (No. *11*) *U. S. Mar. Hosp.* St. Ward

File No.
Registered No. **10317**
St. Ward

2. FULL NAME

(a) Residence, No. *2820* *Indiana* St. *24* Ward. (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 *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widower*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 1 1858*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>73</i>	<i>11</i>	<i>19</i>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Cabinet maker*

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* *10*

MOTHER 13. NAME *Unknown Lorenz*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT (ADDRESS) *Albert Lorenz*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Marcus* DATE *11-22* 19*32*

19. UNDERTAKER (ADDRESS) *With Bro. & Co.*

20. FILED *NOV 22 1932* *19* *St. Louis* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 20* 19*32*

22. I HEREBY CERTIFY That I attended deceased from *Decemb. 21* 19*31* to *Novemb. 21* 19*32*

I last saw him alive on *Novemb. 20* 19*32* Death is said to have occurred on the date stated above, at *11:30* a.m.

The principal cause of death and related causes of importance were as follows:

arterio sclerosis

82 M

97

Other contributory causes of importance: *cerebral hemorrhage* *11-17-32*

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Chas. H. Wenzelberg* ; M. D.

(Address) *3232 Lafayette*

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.

WHILE LIVE, WITH UNPAID INK—THIS IS A PERMANENT RECORD

