

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

Do not use this space.

34652

1. PLACE OF DEATH

City St. Louis (No. 367, N Boyle St., 18 Ward.)
 Registration District No. 701
 Primary Registration District No. 1003

File No. _____
 Registered No. 8812 St. _____ Ward)

2. FULL NAME Perry Lenz

(a) Residence, No. 367 N Boyle St., 18 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 4 1894</u>		
7. AGE YEARS <u>39</u>	MONTHS <u>0</u>	DAYS <u>6</u>
IF LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Invalid</u>
	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) Knablick Mo.

13. NAME Issac Lenz

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

15. MAIDEN NAME Della McCarver

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

17. INFORMANT Mrs Della Livers
 (ADDRESS) 367 N Boyle Ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Libertyville Mo. DATE Oct 12 1933

19. UNDERTAKER Geo. L. Pleitsch Inc.
 (ADDRESS) 5966 Easton Ave.

20. FILED 11 1933 19. J. T. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-10 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1924 to Oct 1933
 I last saw him alive on Oct 9th, 1933. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Epilepsy (Date of onset) 1924
85

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? All reported Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? no (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? no
 If so, specify _____

(Signed) J. T. Bredeck, M. D.
 (Address) 6753 Pag Pag 3153

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. NOV 10 1933

RECEIVED WITH ORIGINALS THIS IS A PERMANENT RECORD

