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

Do not use this space.

41266

File No.

Registered No.

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 789

Township Central — Primary Registration District No. 6033

City Pine Lawn — (No. 36 Dr. Tiernon hospital St. Ward)

2. FULL NAME Jacob Lenzen

(a) Residence, No. 3824 Nelson Drive St., Ward. Normandy, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25 1850

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
83	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musical director or 5

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 13 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cologue Germany 10

FATHER

13. NAME Godfrith Lenzen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Margaret Propper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT (ADDRESS) Julia Lehzen, 3824 Nelson Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE Dec 11, 1933

19. UNDERTAKER (ADDRESS) Gaughan Und. Co, 7146 Manchester Ave

20. FILED 12-9, 1933 H. A. Boehmer, Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14th, 1933, to Dec. 8th, 1933

I last saw him alive on Dec. 8th, 1933 Death is said to have occurred on the date stated above, at 11:40 PM

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

	Date of onset
Chr. Diabetes mellitis, Chr. int. nephritis, myocarditis, decompensated, extreme large 1 serotal hernial	
Other contributory causes of importance: General anasarca, uremia, uremic coma, extreme senility. Age 83.	

Name of operation hosp and Date of

What test confirmed diagnosis? lab. Was there an autopsy? no.

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) Luke B. Tiernon, M. D.

(Address) 3718 Jennings Rd.

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.

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