

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.

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

Do not use this space.

JUL 12 1935

21625

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St Louis* (No. *City St. Louis*)

File No.....

Registered No. **5623**

2. FULL NAME

Fred Lenz

(a) Residence, No. *Green Shelter 11*

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Single*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6/28, 1935*

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

22. I HEREBY CERTIFY, That I attended deceased from *6/14* P. M. to *6/28* 19*35*

I last saw him live on *6/28* 19*35*. Death is said to have occurred on the date stated above, at *7:40* p. m. The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *unk.*

act. Incl Heart Disease

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *about 72*

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

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*

Other contributory causes of importance: *Defect of myocardium Normal heart*

13. NAME *Unknown*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT (ADDRESS) *Wife of Fred Lenz City St. Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Memorial Park* DATE *7-1-35*

19. UNDERTAKER (ADDRESS) *Jay B. Smith 7456 Manchester*

20. FILED JUN 30 1935 *J. B. Beck* Registrar.

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 *R. J. Farrell*

(Signed)....., M. D.

(Address) *City St. Louis #1*

