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.

APR 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 13086

Township ..... Primary Registration District No. 1003 Registered No. 3157

City St Louis (No. City Hosp #1 St. ..... Ward)

2. FULL NAME Jessie Lenz

(a) Residence, No. 1117 Pine St. 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25 1907

7. AGE YEARS 28 MONTHS 10 DAYS 28. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) St Louis Mo

FATHER
13. NAME David Wiper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cuyk

MOTHER
15. MAIDEN NAME Helen Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Mexico

17. INFORMANT (ADDRESS) Hosp Inf McKenzie City Hosp

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Mar. 24. 1936

19. UNDERTAKER (ADDRESS) Edith E. Ambrosius 4234 Manchester Ave

20. FILED MAR 23 1936 J F Breleck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/23/36

22. I HEREBY CERTIFY, That I attended deceased from 3/20, 1936, to 3/23/36, 19.....
I last saw her alive on 3/25 1936 Death is said to have occurred on the date stated above, at 2:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

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) [signature], M. D.
(Address) City Hosp #1