APR 9 1937

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

Township..... Primary Registration District No. 1003

City St. Louis (No. Lutheran Hospital St. ..... Ward)

File No. 10467

Registered No. 3040

2. FULL NAME Theresa Lorenzon

(a) Residence, No. 4369 Bates St., 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 23, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	6	23	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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 (Unknown) Ruppert

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT C. D. Lorenzon
(ADDRESS) 4369 Bates

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial DATE 3-20, 1937

19. UNDERTAKER Southern Und. Co.
(ADDRESS) 6322 S. Broad

20. FILED MAR 18 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1937, to March 18, 1937

I last saw h.er alive on March 18, 1937 Death is said to have occurred on the date stated above, at ..... a.m.

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

	Date of onset
Pulmonary Embolia	3/18/37
126	
Other contributory causes of importance:	
Cholecystotomy for Gall Stones	Mar 16 1937

Name of operation Cholecystotomy Date of Mar 16-37

What test confirmed diagnosis? Physical 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? no

If so, specify .....

(Signed) Dennis Hutton, M. D.

(Address) 902 So. Side Nat. Bank Bldg

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.

Dr. Hutton
3606 Deavors
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