

FEB 12 1938

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

1297

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **Luthren Hospital** St.
 (e) Length of residence in city or town where death occurred **54** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mary Lenz 520**

(a) Residence, No. **2825 Russell Blvd.** St. **23**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1884**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 53 Unknown

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **Housewife**
 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 **John Cepicky**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Czechoslovakia**

MOTHER 15. MAIDEN NAME **Catherine Steska**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Czechoslovakia**

17. INFORMANT **Henry C. Lenz**
 (ADDRESS) **2825 Russell Blvd.**

18. BURIAL, CREMATION, OR REMOVAL
New St. Marcus DATE **Feb. 2, 1938**

19. FUNERAL DIRECTOR **Wm. C. Moydell**
 (ADDRESS) **1926 Allen Ave.**

20. FILED **Jan 31 1938** **J. Brebeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 30, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 20 - 1936**, to **1 - 30 - 1938**

I last saw her alive on **1 - 30 - 1938** Death is said

to have occurred on the date stated above, **1.30 A.M.**

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

Chronic Myocarditis, and Dilatation of heart caused from tubercular meningitis operation Date of onset

Other contributory causes of importance:

Cancer of left breast, tubercular meningitis of 27 yrs standing.
 Name of operation **Tubercular meningitis** Date of **1 - 28 - 38**
 What test confirmed diagnosis? **Final** 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) **Louis F. Murray**, M. D.

(Address) **1831 - 8th St. S.**

Baldwin

3623

Ar 6225

STATEMENT BY LICENSED EMBALMER

I, Wm. C. Moydell, Licensed Embalmer No. 1467

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Wm. C. Moydell

Licensed Embalmer No. 1467

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)