

REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
1003

9211

Do not use this space.

Registered No. 2800

1. PLACE OF DEATH

- (a) County Registration District No.
- (b) Township Primary Registration District No.
- (c) City St. Louis (d) Street No. St. Louis Ave. Wash St.
(If death occurred in hospital or institution, write its name instead of street and number)
- (e) Length of residence in city or town where death occurred 17 yrs. 2 mos. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ROBERT L-W LORENZ 652

- (a) Residence, No. 3224 - Rutger St St. 18
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Schul. Boy

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23 - 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 2 27

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Schul. Boy
9. Industry or business in which work was done, as 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 0

- FATHER 13. NAME Roy S. Lorenz 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis 0

- MOTHER 15. MAIDEN NAME Leoloth Pohl

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT Leoloth Pohl
(ADDRESS) 3224 Rutger St

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Anrens DATE March 25 1938

19. FUNERAL DIRECTOR Edna P. Howard + Son
(ADDRESS) 4212 St. Louis ave

20. FILED MAR 24 1938 J. D. Bredner
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/9, 1938, to 3/22, 1938

I last saw him alive on 3/22, 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Chronic Myocarditis
Coronary Arter. Sclerosis

Acute Cordiac Dilatation

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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) G. O. Brown, M. D.

(Address)

