

MISSOURI JAN 17 1939

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

40786  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 1003  
(b) Township..... Primary Registration District No. .... Registered No. 10478  
(c) City St. Louis (d) Street No. 7818 S. Broadway 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

520 Joseph Lenz  
(a) Residence, No. 7818 S. Broadway St. 1  
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1863

7. AGE YEARS 75 MONTHS 10 DAYS 1 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter  
9. Industry or business in which work was done, as saw mill, bank, etc. Unemployed  
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 Joseph Lenz

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 ELIZABETH LENZ  
(ADDRESS) 7818 S BROADWAY

18. BURIAL, CREMATION, OR REMOVAL PLACE NEW S.S. PETER + PAVL DATE DEC. 6 1938

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. CO.  
(ADDRESS) 7814 S. Broadway

20. FILED DEC 5 1938 J. Bredack  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 16, 1938 to Dec. 3, 1938  
I last saw him alive on Dec 3, 1938 Death is said to have occurred on the date stated above, at 11.50 A.M.  
The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis Date of onset 1936  
Coronary artery disease (angina pectoris) 2 wks  
Other contributory causes of importance: Chronic myocarditis  
Chronic nephritis

Name of operation: none Date of.....  
What test confirmed diagnosis clinical 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 George A. Schubert  
(Signed) George A. Schubert M. D.  
(Address) 620 W. Schumier

WRITE CLEARLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X1204

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister....., Licensed Embalmer No. 2426

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

L. E. L.C. Hoffmeister.....

No. 3871..... or by....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Geo. W. Hoffmeister*

Licensed Embalmer No. 2426

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.)