

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH4608
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** or (d) Street No. **De Paul Hospital** 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

653 **STELLA LORENZEN,**
 (a) Residence, No. **1718 North 13th Street** St. **26** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 24, 1894**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 **6** **14**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**

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 **0**

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **Jacob Lorenzen**

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

MOTHER 15. MAIDEN NAME **Annie Barmeyer**

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

17. INFORMANT (ADDRESS) **Mildred Lorenzen**
1718 N. 13th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **Feb. 11, 1939**

19. FUNERAL DIRECTOR (NAME) **Math, Hermann & Son** (ADDRESS) **2161 East Fair Avenue**

20. FILED **FEB 9 1939** **J. B. Brudeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 8, 1939**

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **7:00 A. M.**

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

1st, 2nd, 3rd degree burns of feet, legs, and buttocks suffered when deceased was scalded when she stepped into tub of scalding water. Deceased was an invalid with incapacity of hip, mouth, etc. child

Other contributory causes of importance:

Burns suffered on Jan. 21, 1939 about 2:00 p.m. in home 1718 N. 13th St.

Name of operation Date of **7/0**

What test confirmed diagnosis? Was there an autopsy? **7/0**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide **Accident** Date of injury **1/24, 1939**

Where did injury occur? **Home** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Home**

Manner of injury **See above**

24. Was disease or injury in any way related to occupation of deceased? **7/0**

If so, specify **Joseph M. Juetten, M.D.**

(Signed) **Deputy Coroner**

(Address) **Deputy Coroner**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed William G. Buckler

Licensed Embalmer No. 2110

P. O. Address St. Louis

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

If this body is not embalmed, above space should be left blank.