

REC'D AUG 17 1939 **791**

Registration District No. **1008**

Primary Registration District No. _____

Registrar's No. **6340**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4145 W. Lee. **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Francis J. Lorenz. **652**
3. (b) If veteran, name war _____ **3. (c) Social Security No.** 493 07 2670

4. Sex Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** Single
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased June 29, 1907.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 0 18 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk.

11. Industry or business City Ice And Fuel Co.

MOTHER FATHER
12. Name David G. Lorenz.
13. Birthplace Chicago Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Carey
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature D. George Lorenz
(b) Address 4145 W. Lee

17. (a) Burial (b) Date thereof July 20, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Frank Carroll and Co.
(b) Address 4600 Natural Bridge.

19. (a) Jul 18 1939 (b) _____
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis **10**
(If outside city or town limits, write "RURAL")
(d) Street No. 4145W. Lee.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th
year 1939 hour 4:15 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation due to Hanging by rope from a coat hook on the wall in the bathroom of his home
Due to 4145 W. Lee Ave., on July 17, 1939, at about 4:15 A.M., while suffering from temporary mental aberration;

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence July 17th, 1939
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home

While at work No. _____ (Specify type of place)
(e) Means of injury Hanging

23. Signature Joseph M. Lorenz (M.D. or other)
Address Deputy Coroner Date signed 7/18

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.

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 Frank H. Smith

Licensed Embalmer No. 2265

P. O. Address.....

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.)

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