

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

SEP 14 1939

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

27579

Registrar's No.

7079

Registration District No.

291

Primary Registration District No.

1. PLACE OF DEATH:

1003

- (a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (c) Name of hospital or institution: 1411 Destrehan  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
 (Specify whether in this community 35 Years years, months or days)

3. (a) PRINT FULL NAME Elizabeth Lorenz 652

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Lorenz 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 25, 1879  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 1 20 hr. min.

9. Birthplace Germany  
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Andrew Rheinberger

13. Birthplace Germany  
 (City, town, or county) (State or foreign country)

14. Maiden name Katherine Lutz

15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry Lorenz

(b) Address 1411 Destrehan

17. (a) Burial (b) Date thereof Aug 17-39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) AUG 15 1939 (b) J. F. Bruck  
 (Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis (If outside city or town limits, write "RURAL") 26  
 (d) Street No. 1411 Destrehan (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th  
 year 1939 hour 8:32 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Aug 14 39  
1939 to Aug 15 39, 1939

that I last saw her alive on Aug 15, 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Carcinoma of rectum  
apoplexy cerebral  
 Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

28. Signature James Ross (M. D. or other) \_\_\_\_\_

Address 1918 East Grand Date signed Aug 17 39

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**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. Buchholz

Licensed Embalmer No. 2110

P. O. Address St. Louis Mo

**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.**