

2.  
10-39  
-39  
K21422

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4094

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
American Hotel.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 15 Years.  
years, months or days

3. (a) PRINT FULL NAME Max Carl Joseph Lenzinger.

8. (b) If veteran, name war \_\_\_\_\_  
8. (c) Social Security No. 494-10-0226

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. Unknown. 1895  
(Month) (Day) (Year)

8. AGE: Years 45 Months Unknown. Days \_\_\_\_\_  
If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Elevator Operator.

11. Industry or business American Hotel.

MOTHER FATHER { 12. Name Unknown.  
13. Birthplace Unknown.  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown.  
15. Birthplace Unknown.  
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. W. R. Canoll  
(b) Address 209 Walnut St

17. (a) Burial (b) Date thereof May 8, 1940.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly  
(b) Address 2840 Lindell Blvd

19. (a) MAY 7 1940 (b) J. J. [Signature]  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County \_\_\_\_\_  
(c) City or town St. Louis.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6 No. 7th. St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day end. 3d  
year 1940 hour 3.00 minute \_\_\_\_\_ P. A. M.

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

Immediate cause of death Hydrocyanic Acid Duration \_\_\_\_\_  
Poisoning self administered  
by his wife at 208 St  
6th St. on or about May 3rd  
1940 exact time unknown  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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 May 3 1940  
(c) Where 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?  
Home

While at work? no (Specify type of place) (e) Means of injury Poison

23. Signature [Signature]  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

See affidavit no 268 in mine file

**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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell B

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. ....

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 4094

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis City  
(b) City or town .....  
(c) Name of hospital or institution:  
American Hotel  
(d) Length of stay: In hospital or institution .....  
In this community 15 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County .....  
(c) City or town St. Louis  
(d) Street No. 208 So. 6<sup>th</sup> Street  
(e) If foreign born, how long in U. S. A. ? ..... years.

3. (a) PRINT FULL NAME Max Carl Joseph Lenzinger

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

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 (Month) (Day) (Year)

8. AGE: Years 45 Months Days If less than one day

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

10. Usual occupation Elevator Operator

11. Industry or business American Hotel

MOTHER FATHER { 12. Name .....  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name .....  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant ..... (b) Address .....

17. (a) ..... (b) Date thereof (Month) (Day) (Year)  
(c) Place: burial or cremation .....

18. (a) Signature of funeral director ..... (b) Address .....

19. (a) 5-31-40 (b) J. B. Brudick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month May day 3rd year 1940 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....  
that I last saw h..... alive on ..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocyanic Acid  
Poisoning self administered  
in his room at 208 South  
6th Street on or  
about May 3rd 1940  
Due to exact time unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations .....  
Of autopsy .....

PHYSICIAN  
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 May 3 1940  
(c) Where did injury occur? Home Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (b) Means of injury Poison  
23. Signature J. B. Brudick (M. D. or other) Deputy Registrar  
Address .....

S-16616

11  
11

\_\_\_\_\_