DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 14 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19423

Registration District No. 1115 Primary Registration District No. 6021 Registrar's No. 11

1. PLACE OF DEATH:
(a) County St. Francois
(b) ~~City or town~~ Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community Years (80)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Womack, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MERCELEET — LENZ 520
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wm Lenz
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 7 (Day) 1860 (Year)

8. AGE: Years 80 Months 3 Days 12 If less than one day hr. min.

9. Birthplace St. Francois Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Wm Simpson
13. Birthplace St. Francois Co. (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Hannah Porter
15. Birthplace (City, town, or county) England (State or foreign country)
16. (a) Informant's own signature Dora Hicks
(b) Address Womack Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Family Cemetery St Francois
18. (a) Signature of funeral director Ed. H. Webb
(b) Address Fredericktown Mo.
19. (a) 5-22-40 (Date received local registrar) (b) Sp. G. A. Rydeen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1940 hour minute M.
21. I hereby certify that I attended the deceased from Jan 1, 1940 to May 19, 1940;
that I last saw her alive on May 19, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gastric Ulcers	2 yrs
Due to Chronic Gastritis	
Due to	
Other conditions Uremia (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)
(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? 702 (Specify type of place)
While at work? (e) Means of injury
23. Signature W. Harry Borron (M. D. or other)
Address Fredericktown Mo Date signed 5/21 40

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Myron P. La Pee, Registered Apprentice No. ....., working under my personal supervision.

Signed Myron P. La Pee

Licensed Embalmer No. 4025

P. O. Address Fredericktown, 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.