

ISSUED JAN 8 1941 2 3
Registration District No. _____

Primary Registration District No. 5578

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

1. PLACE OF DEATH:

(a) County Jefferson

(b) City, town, or village Rock Hill near Maxwell Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: V L
(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 CHARLES LENZ

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 Married

6. (b) Name of husband or wife Bertha Lenz

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Nov. 25th 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months — Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation Meat Salesman

11. Industry or business _____

12. Name Charles Lenz

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 Mrs. J. Salzgren

(b) Address Kennett Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Dec 8, 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John J. Regenheim

(b) Address St. Louis Mo

19. (a) 12-8-1940 (Date received local registrar)

(b) Phil J. Kirk 38 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Afton Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8
year 1940 hour _____ minute _____ 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 Inquest Verdict
By Suffocation from edema
Due to puped to exterior of his car
Had to carry edema put in car
Due to by Mr. Lenz, began getting car
and starting motor

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

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations 16

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence _____

(c) Where did injury occur? Kennett Jefferson Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
near Highway 141
While at work? _____ (Specify type of place) (e) Means of Injury _____

23. Signature Att. Pharm. Acting Coroner (M.D. or other) 5

Address Kennett Mo Date signed 12/8/40

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

B. P. Kidwell

Licensed Embalmer No.

3877

P. O. Address

7027 Gravois

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.