

No. 2
1-4-41
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23496

FILED AUG 28 1941
Registration District No. 791

Primary Registration District No. _____

Registrar's No. 5758

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 Days
(Specify whether years, months or days)

In this community 0
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2351 Lafayette Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marie Lenz

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Henry A. 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Jan. 12, 1913
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>6</u>	<u>0</u>	hr. _____ min. _____

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Knollhoff

13. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Mary Corley

15. Birthplace Houston, Texas 1
(City, town, or county) (State or foreign country)

16. (a) Informant Henry A. Lenz

(b) Address 2351 Lafayette Ave

17. (a) Burial (b) Date thereof 7/14/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director W. H. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) JUL 12 1941 (b) J. T. B. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12, year 1941 hour 3:40 minute A. M.

21. I hereby certify that I attended the deceased from June 19, 1941 to July 12, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Hepatitis

Due to puerperal

Due to _____

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

Major findings of operations delivered June 22, 1941

Of autopsy none

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? _____

While at work? _____ (Specify type of place) _____
(c) Means of injury _____

23. Signature [Signature] (M. D. or other) 0
Address 1515 Lafayette Ave. Date signed 7/12/41

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 *LR Cause*

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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, fact should be so stated above.