

S. No. 2  
-1-4-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23543

State File No. \_\_\_\_\_

FILED AUG 28 1941 791

Primary Registration District No. 1003

Registrar's No. 5895

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 10 Days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days) 0

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. 6312 Arthur Ave.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Lorts

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

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

6. (b) Name of husband or wife Elizabeth Lorts 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 31 1873  
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. James Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Retired 10 years

12. Name John Lorts

13. Birthplace St. James Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Collins

15. Birthplace St. James Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis Lorts

(b) Address 6312 Arthur Ave.

17. (a) Removal (b) Date thereof 8-20-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. James Mo.

18. (a) Signature of funeral director Kriegshauser Und.

(b) Address 4228 S. Kingshighway Blvd.

19. (c) JUL 18 1941 (d) J. H. Zudick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17,  
year 1941 hour 10:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from July 8, 41 to July 17, 41

that I last saw him alive on July 17, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

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

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

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

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

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

Duration \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature O. M. M. Karl (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Ave. Date signed 7/18/41

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

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17  
9

000  
11-27  
14

**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.....

*Edwin A. McHenry*

Licensed Embalmer No. *3024*

P. O. Address.....

**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.**