

No. 2  
4-13-40  
5-17-39  
I X23159

DEPARTMENT OF HEALTH  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED OCT 18 1941  
791

State File No. 29913  
Registrar's No. 7252

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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:  
St. Anthony Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Days  
(Specify whether \_\_\_\_\_)  
In this community 25 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 16 17  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 3924a Wyoming Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Mr. Henry F. Lenz

3. (b) If veteran, name war World War 3. (c) Social Security No. City Worker

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

6. (b) Name of husband or wife Louise Schmidt Lenz 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased November 11, 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
46 9 10 hr. min.

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

10. Usual occupation City Lighting Division

11. Industry or business \_\_\_\_\_

12. Name Charles Lenz

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Rose Brooks

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Henry Lenz

(b) Address 3924a Wyoming Street

17. (a) Burial (b) Date thereof Sept. 2, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue  
19. (a) SEP 8 1941 (b) J. E. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30  
year 1941 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from August 24  
1941 to Aug. 30, 1941  
that I last saw him alive on Aug. 13, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute peritonitis 1 week

Due to Acute suppurative appendicitis 1 week

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) None

Major findings: Suppurative appendicitis  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
1 week  
1 week  
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) (b) Means of injury 6

23. Signature J. E. Bredek (M. D. or other) MD  
Address 7707 Date signed 9/1/41

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

MOTHER FATHER

6:30-8  
10-12 AM

Dr. Roy C. Dripps  
7702 S.W. 4<sup>th</sup>

7252  
7252

**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 *John J. Krieger*

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis*

**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.**