

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

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

DEPARTMENT OF COMMERCE
Bureau of the Census

24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 33156
Registrar's No. 8110

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital 0
(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)

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. 6704 Marquette Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Laura Lorenz
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 9th
year 1941 hour 12 55 minute P M.
21. I hereby certify that I attended the deceased from 10-1-41
to 10-9-41
that I last saw her alive on 10-9- 1941
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Paul Lorenz
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased March 7th 1876
(Month) (Day) (Year)

Immediate cause of death Luxury Duration
Due to Diabetic Gangrene
right foot + leg
Due to Diabetes
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
65 7 2 hr. min.

Major findings: 61 19
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name William Lolumandier

13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Zelma Thomure

15. Birthplace St. Genevieve Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Viola Martin

(b) Address 6704 Marquette Ave.

17. (a) Burial (b) Date thereof. 10-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cemetery

18. (a) Signature of funeral director Kriegghauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) OCT 11 1941 (b) J. F. Bredeh
(Date received local registrar) (Registrar's signature)

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?.....

(Specify type of place) While at work?..... (e) Means of injury 0
23. Signature P. B. Cappif (M. D. or other) 0
Address 3284 Franklin Date signed 10-10-41

John A. Smith
3284 Sandalwood
10-12

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. M. Permutt

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.