S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12840

FILED APR 27 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3532

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: FIRMIN DESLOGE HOSP. (If not in hospital or institution, write street number or location)

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

In this community 3 DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 1000

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 17

(d) Street No. 6636 Clayton Ave. (If rural, give location) 9

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME HARRY C. LORENZ

3. (b) If veteran, name war WORLD WAR

3. (c) Social Security No. 497-05-4987

4. Sex MALE

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ALDORA BUCHNER

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased NOV. 11 - 1894 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
47	5	8	hr. min.

9. Birthplace MO. U (City, town, or county) (State or foreign country)

10. Usual occupation GUARD - FRAZIER - DAWS

11. Industry or business CONSTRUCTION Co

FATHER
12. Name GEORGE LORENZ
13. Birthplace ILL (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ADDRIANNA JOYCE
15. Birthplace ILL (City, town, or county) (State or foreign country)

16. (a) Informant ALDORA LORENZ

(b) Address 6636 CLAYTON AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-22-42 (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE CEM

18. (a) Signature of funeral director L. Mullan

(b) Address 5165 Delmar Blvd

19. (a) APR 20 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1942 hour 3 minute 25 A.M.

21. I hereby certify that I attended the deceased from April 17, 1942 to April 19, 1942 that I last saw him alive on April 18, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Stenosis of Aortic Valve — Duration Unknown

Due to Rheumatic Heart Disease — Unknown

Due to

Other conditions Passive Congestion of Lungs — Unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations 0
Of autopsy

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? (Specify type of place) 0

While at work? (e) Means of injury

23. Signature H. J. Brown (M. D. or other) MD

Address 1325 S. Grand Date signed 4/20/42

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 S H G Harris

Licensed Embalmer No. 3384

P. O. Address 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.