

S. No. 2
DM-5-42
v. 5-17-39
I-X32873

26009

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **7055**

FILED SEP 1 1942

Registration District No. **318** Primary Registration District No. **1003**

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:
Deconess 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 St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 7437 Oxford Ave.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles A. Lorenzen
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 21st
year 1942 hour 9:30 minute A.M. M.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Augusta Lorenzen 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Feb. 12th 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 7 1942 to Aug 21 1942
that I last saw him alive on Aug 21 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
83 6 19 hr. min.

Immediate cause of death Cardiac Insufficiency
Due to Prostatic Hypertrophy & retention
Due to Uremia from Prostat. Hypertrophy & retention
Other conditions Cardiac Insufficiency
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Business retired

Major findings: 93
Of operations: 93
Of autopsy: 93
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Max Lorenzen
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Raymond Young
(b) Address 7437 Oxford Ave.

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? _____

17. (a) Burial (b) Date thereof 8-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Kriegshauser Mortuar
(b) Address 4228 So. Kingshighway Blvd.
19. (a) AUG 22 1942 (b) J. F. Prudech
(Date received local registrar) (Registrar's signature)

23. Signature A. E. Witt (M. D. or other)
Address 6347 S. Grand Date signed 8-21-42

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

844

(Licensed Embalmer's Statement on Reverse Side)

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 *Ernie P. Mc Dermott*

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.