

FILED OCT 21 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8364**

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:
5534 RHODES AV. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County
(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **5534 RHODES AV.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **EDNA M. LORENZ**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **EDWARD J. LORENZ** 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **APRIL 1 1890**
(Month) (Day) (Year)

8. AGE: Years **52** Months **6** Days **6** If less than one day hr. min.

9. Birthplace **ST. LOUIS MO. 6**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEKEEPER**

11. Industry or business **OWN**

12. Name **CHARLES F. MAY**

13. Birthplace **PHILADELPHIA PENN. 1**
(City, town, or county) (State or foreign country)

14. Maiden name **ANNIE REITSCH**

15. Birthplace **ST. LOUIS MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Edward J. Lorenz**

(b) Address **5534 RHODES AV.**

17. (a) **BURIAL** (b) Date thereof **OCT 10 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NEW ST. MARCUS CEM.**

18. (a) Signature of funeral director **E. J. Schmur**
(b) Address **3125 Lafayette Ave**

19. **OCT 8 1942** (Date received by Registrar) (b) **F. Bredeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **7**
year **1942** hour **6** minute **30 PM**

21. I hereby certify that I attended the deceased from **December 19 1941** to **Sept 7 1942**
that I last saw **her** alive on **SEP 7 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**
Due to **Arterio-Sclerosis (General)**

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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 **Walter H. Wallman** (M. D. or other) **M.D.**
Address **812 E. 12th St.** Date signed **10/8/42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

Joe B. Hollmer

Licensed Embalmer No.....

4014

P. O. Address.....

3125 Lafayette Ave

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.