

FILED NOV 9 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34688

1. PLACE OF DEATH

County *St. Francois*Registration District No. *316*Township *Flat River, Mo.*Primary Registration District No. *306A.1*City *Flat River, Mo.* (No. *1*)

File No. _____

Registered No. *37*

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *Flat River Mo.* St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White Case</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mrs. Myrtle Lenza</i>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 29-1898</i>			
7. AGE	YEARS <i>54</i>	MONTHS <i>4</i>	DAY <i>23</i>
		IF LESS than 1 day,hrs. ormin.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Printer</i>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Lead Book News</i>		
	10. Date deceased last worked at this occupation (month and year) <i>Oct 21-1942</i>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Hopewell, Mo.</i>			
FATHER	13. NAME <i>Mr. Calvin Floyd Lenza</i>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Batesville, Ark.</i>		
MOTHER	15. MAIDEN NAME <i>Miss Nancy E. Foshie</i>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Washington Co. near Hopewell, Mo.</i>		
17. INFORMANT (ADDRESS) <i>Mrs. Myrtle Lenza Flat River, Mo.</i>			
18. BURIAL, CREMATION, OR REMOVAL			
PLACE <i>Park View Cemetery</i>		DATE <i>October 25, 1942</i>	
19. UNDERTAKER (ADDRESS) <i>Alvin E. Gind 305 Chest St. Flat River, Mo. 8780-2000</i>			
20. FILED <i>10-25-1942</i> <i>Byndie Buhrmeister Registrar.</i>			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 22, 1942*22. I HEREBY CERTIFY, That I attended deceased from *Oct 22, 1942*, to *Oct 22, 1942*I last saw him alive on *Oct 22, 1942* Death is saidto have occurred on the date stated above, at *9 P.* m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris (Coronary Occlusion) Date of onset *10/20*Other contributory causes of importance: *94*Name of operation *Definitive Physical Therapy* Date _____What test confirmed diagnosis? *Physical* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19. _____Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *F. W. Zuparko* DO. _____(Address) *Flat River, Mo.*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

V. S. NO. 2
100M-11-24-33

RECEIVED

District Health Officer No. 3
District File Number 1142-1312
11-5-42

AUG 1 1944

JUL 1 1944

JUL 1 1944