S. No. 2
M—5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3469

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 88

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. Jan. 7, 1943. (Specify whether
In this community unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4140-a Pleasant St.,
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME Anthony Lenschen 497-07-3372
3. (b) If veteran, name war World War - 1918
3. (c) Social Security No. Yes - not remembered.
4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of ~~husband or~~ wife -
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased October (Month) 28, (Day) 1889 (Year)

8. AGE: Years 53 Months 2 Days 14 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Asst. Shipping Clerk
11. Industry or business -
FATHER
12. Name George Lenschen
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Theresa Poepperling
15. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant M. Schilling
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16-1943 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director General Funeral Home
(b) Address 2233 University Street
19. (a) JAN 14 1943 (Date received local registrar) (b) E. G. McGarran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12th, year 1943 hour 10:00 minute P. M.
21. I hereby certify that I attended the deceased from January 7, 1943 to January 12, 1943; that I last saw him alive on January 12, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma, rectosigmoid junction.	Abt. 5 yrs.
Obstruction, intestinal.	Abt. 8 days
Due to -	
Due to -	
Other conditions None. (Include pregnancy within 3 months of death)	

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Major findings:
Of operations Operated 1/9/43 - Exploratory celiotomy, exteriorization of tumor with decompression and colostomy.
Of autopsy Autopsy performed. See cause of death.

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) no
(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? Means of injury

23. Signature L. M. COCHRAN, M.D., (M. D. or other)
Address Chief Medical Officer. Date signed 1/13/43

(Licensed Embalmer's Statement on Reverse Side)

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

96
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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 Edward K. Beckhorst

Licensed Embalmer No. 2592

P. O. Address Clayton Mo

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.