V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31254

Registration District No. 173 Primary Registration District No. 4273 Registrar's No. 28

1. PLACE OF DEATH:
(a) County LAFAYETTE
(b) City or town CONCORDIA MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community ALL HIS LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County LAFAYETTE
(c) City or town CONCORDIA MO 54 1 0
(If outside city or town limits, write "RURAL")
(d) Street No. ST LOUIS STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM F. LENZ
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ANNA M LENZ
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased JULY (Month) 4 (Day) 1869 (Year)

8. AGE: Years 75 Months 2 Days 18 If less than one day hr. min.

9. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)
10. Usual occupation RETIRED FARMER
11. Industry or business
FATHER
12. Name FRIDRICH W. LENZ
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name WILHEMINA PAACK
15. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)
16. (a) Informant WILLIAM LENZ
(b) Address WAUKEGAN ILL
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 25 1944 (Month) (Day) (Year)
(c) Place: burial or cremation EVANGELICAL CEMETERY
18. (a) Signature of funeral director E. S. JAMES
(b) Address CONCORDIA, MO
19. (a) Sept 25-1944 (Date received local registrar) (b) Mrs Walter Walkenhorst (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 22 year 1944 hour 2 minute 10 A.M.
21. I hereby certify that I attended the deceased from 3/24/42, 19__ to 9/22/44, 19__; that I last saw him alive on 9/22/44, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart Failure
Due to Chronic Aortitis
Due to Essential Hypertension with myocarditis.
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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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)
While at work? — (e) Means of injury —

23. Signature Edmund Lunack M.D. (M. D. or other)
Address Concordia, Mo. Date signed 9/24/44

1231 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 10-10-44

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia 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.