V. S. No. 2
0M—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944

Registration District No. 3718

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32536

Registrar's No. 9236

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:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 0
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. 5227 Louisiana
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John H. Lorentz

3. (b) If veteran, name war None

3. (c) Social Security No. 488-10-7186

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Rose Lorentz

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May (Month) 6 (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	5	22	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Steamfitter

11. Industry or business

FATHER
12. Name Lawrence Lorentz
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Anna Schulte
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Rose Lorentz
(b) Address 5227 Louisiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-1-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) OCT 31 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28
year 1944 hour 5:40 minute P. M.

21. I hereby certify that I attended the deceased from Sept 19, 1944, to Oct 28, 1944
that I last saw him alive on Oct - 28, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism — Duration Sudden

Due to

Due to 121.2

Other conditions
(Include pregnancy within 8 months of death)

Major findings:
Of operations appendiceal abscess
Chronic Cholecystitis
Of autopsy above

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)
(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 0

23. Signature Jos L. Ferrer (M. D. or other)
Address 4065-50 Grand Date signed 10/30/44

(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 Albert G. Hofer

Licensed Embalmer No. 2971

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.