S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 21 1945

State File No. 39434

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10712

1. PLACE OF DEATH:

(a) County ST. LOUIS. MO.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1445 MONROE STR. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 26
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. 1445 MONROE STR.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country NONE

3. (a) PRINT FULL NAME CATHERINE LENZ

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife NICHOLAS LENZ

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

7. Birth date of deceased NOV. (Month) 12 (Day) 1863 (Year)

8. AGE: Years 82 Months 0 Days 26 If less than one day — hr. — min.

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

10. Usual occupation HOUSE WORK

11. Industry or business AT HOME

FATHER
12. Name ANTHONY DICKHANS
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Nicholas Lenz
(b) Address 1445 Monroe St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 12 - 45 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Brockland Und. Co
(b) Address 1827 HOGAN STR.

19. (a) DEC 10 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 8TH year 1945 hour 2:40 minute P. M.

21. I hereby certify that I attended the deceased from Jan 4, 1941, to Dec 8, 1945; that I last saw her alive on Dec 8 '45, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 3 months

Due to 830

Due to

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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

23. Signature Walter J. Mellies (M. D. ~~or other~~)
Address 3825 N. 20th St. Date signed 12/10-45

(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 Henry M. Brammer

Licensed Embalmer No. A4200

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.