

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11378**  
Registrar's No. **3037**

**FILED** APR 12 1946  
Registration District No. **318**

Primary Registration District No. **1003**

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:  
3857a St. Louis Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

In this community..... 58 Yrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 800

(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No..... 3857a St. Louis Ave.  
(If rural, give location)

(e) Citizen of foreign country?..... No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME..... Anton G. Lorenz

3. (b) If veteran, name war..... No

3. (c) Social Security No.....

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife..... Milda Lorenz

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

7. Birth date of deceased..... September 5th, 1865.  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th  
year..... 1946 hour..... 7:30 minute..... P. M.

21. I hereby certify that I attended the deceased from.....  
March 1, 1945 to March 28, 1946  
that I last saw him alive on..... March 28, 7:30 P.M. 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Strangulated Hernia Duration 2 days

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>6</u>	<u>23</u>	hr. min.

Due to Chronic Myocarditis 6 Yr.

Due to Coronary Disease 1 Day

9. Birthplace..... Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Retired Horseshoer

11. Industry or business.....

MOTHER FATHER { 12. Name..... Unknown

13. Birthplace..... Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name..... Unknown

15. Birthplace..... Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Ella M. Dudley

(b) Address..... 3857a St. Louis Ave.

17. (a) Burial (b) Date thereof..... April 1, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation..... St. Peters Cemetery

18. (a) Signature of funeral director..... Calvin F. Feutz Funeral Home

(b) Address..... 4828 Natural Bridge Blvd.

19. (a) App 1 (b) J. F. Bredich  
(Date received local registrar) (Registrar's signature)

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
- Of operations..... 122

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?

23. Signature..... H. A. V. R... .. (M. D. or other)  
Address..... 4346 W. Pine St. Date signed..... 3/30/46

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

---

---

**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.....

*John A. Melnar*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis 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.**