

S. No. 2
M-5-43
7-5-17-39
P-1 X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14955

State File No. 3417
Registrar's No.

FILED APR 24 1946
Registration District No. 318

Primary Registration District No.

1009

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town ST. LOUIS
(c) Name of hospital or institution:
PARK LANE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hours
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3650 SHENANDOAH
(If rural, give location) 179
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME INFANT BABY BOY LORENZ
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APRIL day 11
year 1946 hour 5 minute 45 P. M.
21. I hereby certify that I attended the deceased from 11:45 A.M.
4-11, 1946, to 4-11, 1946;
that I last saw him alive on 6:15 P.M. 4-11, 1946;
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced 0
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... (Month) (Day) (Year)

Immediate cause of death.....
Premature
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
6 hr. 15 min.

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

9. Birthplace ST. LOUIS Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation.....
11. Industry or business.....
12. Name RAYMOND LORENZ
13. Birthplace ST. LOUIS 0
(City, town, or county) (State or foreign country)
14. Maiden name ANITA LEE
15. Birthplace ILLINOIS 1
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Lorenz
(b) Address 3650 Shenandoah
17. (a) BURIAL (b) Date thereof Apr 13/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation OLD S.S. PETER & PAUL
18. (a) Signature of funeral director Shonuts & son
(b) Address 2906 GRAYSON
19. (a) APR 13 1946 (b) J. F. Preder
(Date received local registrar) (Registrar's signature)

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?
While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature J. D. Ducey (M. D. or other)
Address 4930 Lindell Blvd Date signed 4/11/46

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 *Leo J. Budde*.....

Licensed Embalmer No. *3989*.....

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.