

S. No. 2
M-5-43
v. 5-17-39
P. X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14956**
Registrar's No. **3442**

FILED APR 24 1946

Registration District No. **318**

Primary Registration District No. **1003**

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

13853

1. PLACE OF DEATH:
(a) County **ST LOUIS**
(b) City or town **ST LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **PARIS LANE 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 years, months or days) **4 1/2**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO.** (b) County **000**
(c) City or town **ST LOUIS** **6.717**
(If outside city or town limits, write "RURAL")
(d) Street No. **3650 Shennandoah** **19**
(If rural, give location)
(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 **00** P.M.
21. I hereby certify that I attended the deceased from **4-11** 1946 to **4-12** 1946;
that I last saw him alive on **4-12** 1946;
and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color of race **WHITE**
6. (a) Single, widowed, married, divorced **0**
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **11 11 1901**
(Month) (Day) (Year)

Immediate cause of death **PERMATURE**
Due to **PERMATURE**
Due to **154**
Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
Duration

8. AGE: Years Months Days If less than one day
4 hr. **0** min.

9. Birthplace **ST LOUIS MO. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name **RAYMOND LORENZ**

13. Birthplace **ST LOUIS MO. 0**
(City, town, or county) (State or foreign country)

14. Maiden name **ANITA LEE**

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

16. (a) Informant **Raymond Lorenz**

(b) Address **3650 Shennandoah**

17. (a) **BURIAL** (b) Date thereof **APR. 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **OLD S.S. TERRY & PAUL**

18. (a) Signature of funeral director **J. F. Breda**

(b) Address **4930 Harrison Ave.**

19. (a) **APR 15 1946** (b) **J. F. Breda**
(Date received local registrar) (Registrar's signature)

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

22. If death was due to external cause, 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 **0**
Signature **J. F. Smith MO.** (M. D. or other) **MO.**
Address **4930 Lindell Blvd** Date signed **4/13/46**

(Licensed Embalmer's Statement on Reverse Side)

St Louis, Mo

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 *David Van Fossow*.....

Licensed Embalmer No. *4242*.....

P. O. Address. *2906 E. 11th*.....

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.