

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25468**  
Registrar's No. **5867**

**FILED** JUL 16 1946  
Registration District No. **818**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
4151 A Taft 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) (Specify whether

In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Emma Lenz

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Arthur Lenz

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March 25 1981  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>3</u>	<u>6</u>	..... hr. .... min.

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

10. Usual occupation House Wife

11. Industry or business At Home

12. Name Fred Zimmermann

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

14. Maiden name Anna West

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

16. (a) Informant Arthur Lenz

(b) Address 4151 A Taft Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Wm. J. Robert L. & U. C.

(b) Address 1905 S. Grand Blvd

19. (a) JUL 3 1946 (Date received local Registrar) J. F. Bredenk (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 4151 A Taft Ave  
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 st  
year 1946 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from January 17 1946 to July 1 1946  
that I last saw her alive on July 1 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Atherosclerosis Duration 1 day

Due to Chr. Myocarditis 4 yrs

Due to Glomerular Nephritis 4 yrs  
Auricular Fibrillation 1 yr

Other conditions None  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings Of operation None

Of autopsy no

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) None

(b) Date of occurrence None

(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 J. F. Bredenk (M. D. or other) MD

Address 2767 Brown Date signed 7-2-46

**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

*John Ketter*

Licensed Embalmer No.

*3880*

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.**