S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 11181

Registrar's No. 2472

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: Barnes Hospital, O

(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): 1 day

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Nul

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

(d) Street No.: 4437a Oakland Ave (If rural, give location)

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

If yes, name country:

18.000
17
9
0

3. (a) PRINT FULL NAME: Lenz, Charles John

3. (b) If veteran, name war: None

3. (c) Social Security No.:

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife: IRENE LENZ

6. (c) Age of husband or wife if alive: Dec'd 20 years

7. Birth date of deceased: 4 (Month) - 11 (Day) - 1888 (Year)

8. AGE: Years 58 | Months 10 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace: St Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation: LABORER

11. Industry or business: —

MOTHER FATHER

12. Name: William Lenz

13. Birthplace: ? (City, town, or county) Germany (State or foreign country)

14. Maiden name: Avery

15. Birthplace: Bunker Hill (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: Eva King

(b) Address: 4437a Oakland Av. St Louis Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-12-1947 (Month) (Day) (Year)

(c) Place: burial or cremation: St Lucas Cemetery

18. (a) Signature of funeral director: Mittelberg Fun Home

(b) Address: Webster Groves 19 Mo

19. (a) MAR 10 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 9 year 1947 hour 3 minute 20A M.

21. I hereby certify that I attended the deceased from 3-8, 1947, to 3-9, 1947, that I last saw him alive on 3-9, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: ACUTE PULMONARY EDEMA — Duration

Due to: MYOCARDIAL INFARCTION

Due to:

Other conditions: HYPERTENSIVE HEART DISEASE
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 0
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: 0

23. Signature: H R Bradley (M. D. or other)

Address: Barnes Hospital Date signed: 3/9/47

(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 Dave M. Sizemore

Licensed Embalmer No. 4343

P. O. Address 7415 Zephyr Pl Maplewood 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.