

S. No. 2
M-8-43
7-5-17-39
1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23857**

Registration District No. **116**

Primary Registration District No. **3020**

Registrar's No. **107**

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

1. PLACE OF DEATH:
(a) County **FRANKLIN**
(b) City or town **WASHINGTON**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **ST. FRANCIS Hosp. 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 wks. 3 days**
(Specify whether
In this community **9 wks. 3 days**
years, months or days)

3. (b) PRINT FULL NAME **ANNA BERTHA LENZ**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **WIDOW**

6. (b) Name of husband or wife **Wm. Lenz** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **MAY 15, 1865**
(Month) (Day) (Year)

8. AGE: Years **82** Months **2** Days **16** If less than one day hr. _____ min. _____

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

10. Usual occupation **HOUSE WIFE**

11. Industry or business **OWN HOME**

12. Name **WM. MUELLER**

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

14. Maiden name **LIZETTA HALBACH**

15. Birthplace **St. Louis Co., Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Tommy Lenz**

(b) Address **Paris, Mo. RR#1**

17. (a) **BURIAL** (b) Date thereof **8/2/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BETHEL CEM., LABADIE, Mo.**

18. (a) Signature of funeral director **Schneider Funeral Home**
(b) Address **Baldwin, Mo.**

19. (a) **AUG 1 1947** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **FRANKLIN**
(c) City or town **RURAL: LABADIE, RR#1**
(If outside city or town limits, write "RURAL")
(d) Street No. **OTTENERS STATION RD.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **31** year **47** hour **5** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **1946** to **July 31, 1947**; that I last saw her alive on **July 30** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**
Arteriosclerosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

938

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? _____

(e) Means of injury _____ (Specify type of place) _____

23. Signature **[Signature]** (M.D. or other) _____

Address **Washington, Mo. (8/1/47)**

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

RECEIVED
District Health Officer No. 9,
District File Number 8-5-47
Date Filed

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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Baltimore, Md.

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.