

FILED OCT 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30617
Registrar's No. 303

Registration District No. 53

Primary Registration District No. 3010

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau Mo.
(c) Name of hospital or institution: South East Mo. Hospital
(If not in hospital or institution, write street number or location) Hospital 2 1/2 H.
(d) Length of stay: In hospital or institution Hospital 2 1/2 H. (Specify whether
In this community 2 1/2 hrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Perry 79
(c) City or town Perryville
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Larry Lorenz

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased October 1 1947 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day 2 hr 30 min

9. Birthplace Cape Girardeau Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Roy Lorenz

13. Birthplace Cape Girardeau Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name Doris Probst

15. Birthplace Bollinger Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Roy Lorenz

(b) Address Perryville Mo.

17. (a) Burial (b) Date thereof 10-2-1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director

(b) Address Perryville Mo.

19. (a) 10-3-1947 (b) G. C. [Signature] (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1 year 1947 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from 2:15 P.M. 10-1-1947 to 10-1-1947 that I last saw him alive on 10-1-1947 and that death occurred on the date and hour stated above.

Immediate cause of death Duration

Due to Premature Delivery
Due to Premature Labor

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 (Specify type of place) (b) Means of injury

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

Address 714 Broadway Date signed 10-2-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 1047-12

Date Filed 10-6-47

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.....

Licensed Embalmer No.....

P. O. Address.....

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.