No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35986

FILED OCT 24 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9467

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution Marian Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks 4 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4142 Bingham
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Oscar O Lenz

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Bertha

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April (Month) 18 (Day) 1876 (Year)

8. AGE: Years 71 Months 5 Days 22 If less than one day hr. min.

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

10. Usual occupation Retired Carrier

11. Industry or business U.S. Post Office

FATHER
12. Name Wm. Lenz
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ernestine Hintze
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Bertha Lenz
(b) Address 4142 Bingham

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director J.L.Ziegenhein & Sons
(b) Address 7027 Gravois

19. (a) OCT 14 1947 (Date received local registrar) (b) J. F. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10 year 1947 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from Many years, 19, to 10/10/1947, 19; that I last saw him alive on 10/10 1947, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	2 day
Due to Cerebral hemorrhage	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN

Underline the cause of 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

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

Address 2752 Chippewa Date signed 10/15/47

H.S.Pyre

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravoi

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.