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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 21 1948
Registration District No. 3187

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 3384
Registrar's No. 147

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103
(c) City or town Dexter 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME August A. Lorenz
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amy Nell Lorenz
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased December (Month) 24 (Day) 1893 (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	0	22	..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....

FATHER
12. Name George Lorenz
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Dora Zacharias
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Charles Lorenz
(b) Address 1038 E. Oakland, Web. Gr., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation Dexter, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) 1-18-48 (Date received local registrar) (b) Cecil A. Shaw MO (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16th year 1948 hour ..... minute ..... A. M.
21. I hereby certify that I attended the deceased from December First, 1947, to January 16, 1948 that I last saw him alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tumor of Brain Malignant	1 yr
Due to	
Due to ..... 54 b	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Same	
Of autopsy	

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 Robert Woodley M.D. (M. D. or other)
Address 4500 Olive St. Date signed 17th Jan 1948

Jefferson City Printing Co.

(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.....

Licensed Embalmer No.....2971.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.