

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: **6463 Scanlon Ave.**  
(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)

3. (a) PRINT FULL NAME..... **DAVID GEORGE LORENZ**

3. (b) If veteran, name war..... **None** 3. (c) Social Security No. **492-01-3578A**

4. Sex..... **Male** 5. Color or race..... **White**  
6. (a) Single, widowed, married, divorced..... **Widower**  
6. (b) Name of husband or wife..... **Late Katherine**  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... **April 11 1874**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**74 0 0** hr. min.

9. Birthplace..... **Chicago Ill.**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Foreman (Retired 10 Years)**

11. Industry or business..... **Meyer Bros Coffee Co.**

12. Name..... **Unknown**

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

14. Maiden name..... **Unknown**

15. Birthplace..... **Chicago Ill.**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Katherine A. LaRose**

(b) Address..... **6463 Scanlon Ave.**

17. (a) **Burial** (b) Date thereof..... **4-14-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary Cemetery**

18. (a) Signature of funeral director..... **Kriegshauser Und. Co.**

(b) Address..... **4228 So. Kingshighway Bl.**

19. (a) **APR 14 1948** (b) **J. F. Brueck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **600**  
(c) City or town..... **St. Louis** **17**  
(If outside city or town limits, write "RURAL") **9**  
(d) Street No..... **6463 Scanlon Ave.** **0**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **April** day..... **11**  
year..... **1948** hour..... **12:10** minute..... **A.** M.

21. I hereby certify that I attended the deceased from..... **4-10 1948** to..... **4-10 1948**  
that I last saw him alive on..... **4-10 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Cerebral Accident** Duration..... **1 day**

Due to..... **Atherosclerosis of cerebral vessels**

Due to.....  
Other conditions.....  
(include pregnancy within 3 months of death)

Major findings:  
Of operations.....

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)

White at work?..... (c) Means of injury.....  
23. Signature..... **A. T. Quinn** (M. D. or other).....  
Address..... **6917 Tyler** Date signed..... **4-13-48**

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

MOTHER FATHER

3541

6717  
Sylvia  
1-2  
C. M. ...

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 Edwin M. Gerwitz  
Licensed Embalmer No. 3024

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.