

FILED MAR 5 1949

THE DIVISION OF HEALTH AND HIGIENE  
STANDARD CERTIFICATE OF DEATH

State File No. **6395**

318

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **1796**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>1796</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <b>Lemay 23</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthonys Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>909 Hoffmeister</b>			
3. NAME OF DECEASED (Type or Print) <b>Elizabeth Lenzen</b>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 23 49</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>	8. DATE OF BIRTH <b>Sept 8, 1861</b>		9. AGE (In years last birthday) <b>87</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>15</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Phillip Karst</b>		13b. MOTHER'S MAIDEN NAME <b>Christina Kraeter</b>		14. NAME OF HUSBAND OR WIFE <b>William</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR ADDRESS <b>Fred Lenzen, 6014 Minnesota</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Fract. of hip</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause first. DUE TO (b) <b>fall at home</b> DUE TO (c) <b>Chronic cardiac insufficiency</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <b>Feb 9 49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Fract hip</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>St. Louis</b> (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Feb 8 49</b> m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fall</b>			
22. I hereby certify that I attended the deceased from <b>Feb 8, 1949</b> , to <b>death</b> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the cause stated on the date stated above.							
23a. SIGNATURE <b>Stanley M. Leydig</b> (Degree or title) _____				23b. ADDRESS <b>3720 Washington Blvd. St. Louis 8, Mo.</b>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>2/26/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Old St. Marcus</b>		24d. LOCATION (City, town, or county) -- (State) <b>St. Louis, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>FEB 25 1949</b>		REGISTRAR'S SIGNATURE <b>J.B. Lancaster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fendler Und. Co., 7420 Michigan Ave.</b>			

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ronald Q. Yaluk

Licensed Embalmer No. 3917

P. O. Address St. Louis

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.