

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 28299  
7355

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>7</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		17			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Deaconess Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>2613 1300a Montgomery Str.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hazel</u> b. (Middle) <u>M.</u> c. (Last) <u>Lorenz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-23-1949</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 8, 1913</u>			
9. AGE (In years last birthday) <u>35</u>		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life or even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Illinois</u>			
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME <u>Walter J. Zeiger</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Benjamin H. Lorenz</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Benjamin H. Lorenz 1300 Montgomery.</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephrosclerosis with Uremia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis with Hypertension</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>  <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>97</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H570</u>					
22. I hereby certify that I attended the deceased from <u>Aug. 2, 1949</u> , to <u>Aug. 23, 1949</u> , that I last saw the deceased alive on <u>Aug. 23, 1949</u> , and that death occurred at <u>2:20 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>X - J. R. Sheffield</u> M.D.				23b. ADDRESS <u>634 N. Grand St. Louis, Mo.</u>		23c. DATE SIGNED <u>8-24-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 26, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>AUG 25 1949 J. B. Casater</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Reidner Und. Co. 2223 St. Louis</u>					

(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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*John P. Buchholz*

Licensed Embalmer No. *16740*

P. O. Address *2223 St. Louis*

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

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