

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35352

State File No. 9253

FILED NOV 5 1949

318

1003

Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis		a. STATE Missouri	
c. LENGTH OF STAY (In this place)		b. COUNTY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1354 McCausland Ave.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
		d. STREET ADDRESS (If rural, give location) 1354 McCausland	

3. NAME OF DECEASED a. (First) Elizabeth		b. (Middle)		c. (Last) Lorenzen		4. DATE OF DEATH (Month) (Day) (Year) 10-27-49	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Apr. 2, 1875	
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months		IF UNDER 11 HRS. Days		IF UNDER 11 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Waterloo, Ill.		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Philip Wagner		13b. MOTHER'S MAIDEN NAME Elizabeth Huber		14. NAME OF HUSBAND OR WIFE Paul J. Lorenzen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Paul Lorenzen	
				ADDRESS 1354 McCausland	

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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Repair of Cystrule				1 hr.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)				2 wks.	

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) 185 (STATE) Ill.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1031X			

22. I hereby certify that I attended the deceased from 10-1-1949, to 10-27-1949, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:15a m., from the causes and on the date stated above.

23a. SIGNATURE (Jest W Klein M.D.)		(Degree or title)		23b. ADDRESS 2632 S. Kingshighway		23c. DATE SIGNED 10-27-49	
24a. BURIAL CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-28-49		24c. NAME OF CEMETERY OR CREMATORY Kolmer Memorial		24d. LOCATION (City, town, or county) (State) Waterloo, Ill.	

DATE REC'D BY LOCAL REG. 10 27 1949		REGISTRAR'S SIGNATURE J. B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd.	
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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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Edward Rumbino

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

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.