S. No. 300
v. 10.48

FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35738

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 4101

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLAYTON
c. LENGTH OF STAY (In this place): 22 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 19
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis
d. STREET ADDRESS (If rural, give location): 6651 Mardel

3. NAME OF DECEASED (Type or Print)
a. (First): Frances
b. (Middle): Matilda
c. (Last): Lenz

4. DATE OF DEATH (Month) (Day) (Year): October 8 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3-6-1868
9. AGE (In years last birthday): 81
If under 1 year: Months 7 Days 2
If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William E. Kindermann
13b. MOTHER'S MAIDEN NAME: TIE MANN
14. NAME OF HUSBAND OR WIFE: Henry H. Lenz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): _____
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Florence M. Herminghaus, 6651 Mardel

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) Arteriosclerotic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____ — INTERVAL BETWEEN ONSET AND DEATH: 4 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cardiac decompensation
Paroxysmal fibrillation
Simple fracture intertrochanteric, left femur — INTERVAL BETWEEN ONSET AND DEATH: 22 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 420.0
20. AUTOPSY? YES [X] NO [ ]

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 17, *19* 49, *to* 10-8-49, *19*____, *that I last saw the deceased alive on* 10-8-49, *19*____, *and that death occurred at* 11:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert H. Kuhl M.D.
23b. ADDRESS: St. Louis County Hospital
23c. DATE SIGNED: 10-8-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-11-49
24c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery
24d. LOCATION (City, town, or county) (State): Saint Louis County, Missouri

DATE REC'D BY LOCAL REG.: 10-10-49
REGISTRAR'S SIGNATURE: Herbert R. Wombacher M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ambruster Mortuary, 6633 Clayton Rd.

(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 Ernest W. Spillers

Licensed Embalmer No. 4080

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.