

FILED OCT 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35050  
8346  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis  
c. LENGTH OF STAY (In this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION Josephine Heitkamp Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo.  
b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis  
d. STREET ADDRESS (If rural, give location) 3136a California Ave.

3. NAME OF DECEASED (Type or Print)  
a. (First) GEORGE  
b. (Middle) W.  
c. (Last) LORENZ

4. DATE OF DEATH (Month) (Day) (Year)  
Oct. 2 1950

5. SEX Male  
6. COLOR OR RACE White  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
8. DATE OF BIRTH Oct. 2, 1870  
9. AGE (In years last birthday) 80  
IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician (Retired 3 Yrs.)  
10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_  
11. BIRTHPLACE (State or foreign country) Carlinville, Ill.  
12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME Peter Lorenz  
13b. MOTHER'S MAIDEN NAME Hanna Miesher  
14. NAME OF HUSBAND OR WIFE Stella Lorenz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No  
16. SOCIAL SECURITY NO. \_\_\_\_\_  
17. INFORMANT'S SIGNATURE OR NAME Stella Lorenz ADDRESS 3136a California Ave.

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, aethenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Embolicism  
ANTECEDENT CAUSES  
DUE TO (b) Long Trochanteric Fracture  
Left Femur  
Fall at home.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Advanced Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH  
10/5/50

19a. DATE OF OPERATION \_\_\_\_\_  
19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_  
20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident  
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 3136a California  
21c. (CITY, TOWN, OR TOWNSHIP) St. Louis (COUNTY) ST (STATE) MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) October 1 1950 12 m.  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR? Stumbled on board in doorway

22. I hereby certify that I attended the deceased from October 1, 1950, to Oct 2, 1950, that I last saw the deceased alive on Oct 2, 1950, and that death occurred at 1:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE D. M. Nelson (Degree or title) MD  
23b. ADDRESS 1504 South Grand  
23c. DATE SIGNED Oct 5 50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  
24b. DATE Oct. 5, 1950  
24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem.  
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. OCT 3 1950  
REGISTRAR'S SIGNATURE J. B. Foster  
25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl.

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

OCT 27 1984

0721.

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Richard W. Stovesan

Licensed Embalmer No. 4007

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.