

FILED OCT 27 1950 STANDARD CERTIFICATE OF DEATH

State File No. 35051

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8804

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) 14 TOWN St. Louis 2149 | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5211 S. Kingshighway Bl. 5211 S. Kingshighway Bl. | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) LAURA b. (Middle) P. c. (Last) LORENZ | | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 16 1950 | | |
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|---------------|------------------------|--|--------------------------------|------------------------------------|------------------------|------------------------|----------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH Feb. 18, 1877 | 9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 1 MIN. Min. |
|---------------|------------------------|--|--------------------------------|------------------------------------|------------------------|------------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) DeSoto, Mo. | 12. CITIZEN OF WHAT COUNTRY? |
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| 13a. FATHER'S NAME Elmer Kempe | 13b. MOTHER'S MAIDEN NAME Catherine Fiech | 14. NAME OF HUSBAND OR WIFE Late Ernest Lorenz |
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| 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 Catherine Lorenz | ADDRESS 5211 S. Kingshighway |
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| 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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis</u> | | 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) <u>Senile Pharynx</u> | | |
| | DUE TO (c) | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? <u>HSTM</u> |
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22. I hereby certify that I attended the deceased from 6/2, 1942, to 10-16, 1950, that I last saw the deceased alive on 10-12, 1950, and that death occurred at 4:10 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Wm B Kaeberly MD</u> (Degree or title) | 23b. ADDRESS <u>4500 Olive St -</u> | 23c. DATE SIGNED <u>10/17/50</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Oct. 19, 1950 | 24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. |
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| DATE REC'D BY LOCAL REG. OCT 17 1950 | REGISTRAR'S SIGNATURE <u>J B Pasater</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl. |
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Richard W. Stovessand*

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.