

FILED JAN 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. 2722
Registrar's No. 725

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor 3400 S. Grand Blvd. | | d. STREET ADDRESS (If rural, give location) 3400 S. Grand Blvd. | |

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|---|----------------------------------|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) c. (Last) Lenzis | | | 4. DATE OF DEATH (Month) (Day) (Year) January 22, 1951 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH April 25, 1864 | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months 8 Days 27 Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) S Switzerland | | 12. CITIZEN OF WHAT COUNTRY? S |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME Henry ? | | 13b. MOTHER'S MAIDEN NAME Mary ? | | 14. NAME OF HUSBAND OR WIFE Not known | |
| 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 ADDRESS Sister Henry 3400 S. Grand Blvd. | |

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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, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis General | | INTERVAL BETWEEN ONSET AND DEATH 3 yrs |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ch. Myocarditis | | |
| | 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"/> | |
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 4721 | |

22. I hereby certify that I attended the deceased from **Jan 15, 1951**, to **Jan 22, 1951**, that I last saw the deceased alive on **Jan 15, 1951**, and that death occurred at **9:10 P.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE <i>[Signature]</i> | | 23b. ADDRESS 607 N. Grand | | 23c. DATE SIGNED 1/23/51 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1/24/51 | | 24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis | |
|--|--|-----------------------------|--|--|--|---|--|

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| DATE REC'D BY LOCAL REG. JAN 23 1951 | | REGISTRAR'S SIGNATURE <i>[Signature]</i> | | FUNERAL DIRECTOR'S SIGNATURE John H. Gebken Sons | | ADDRESS 2630 Gravois Ave. | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Robert F. Jeffers

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave/

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.