S. No. 300
v. 10.48

2009

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 23 1951

State File No. 6354

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1283

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Gasconade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roark Twp. (rural) 0370
d. STREET ADDRESS (If rural, give location): 6 mile south of Hermann

3. NAME OF DECEASED (Type or Print)
a. (First): Hugo
b. (Middle): Rudolph
c. (Last): Lensing Jr.

4. DATE OF DEATH (Month) (Day) (Year): Feb. 7, 1951

5. SEX: male 0

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April 16, 1907

9. AGE (In years last birthday): 43 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter & Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming & Contr.

11. BIRTHPLACE (State or foreign country): Rhineland, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Hugo Lensing Jr.

13b. MOTHER'S MAIDEN NAME: Emma Bahr

14. NAME OF HUSBAND OR WIFE: Lorene Lensing

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.: ----

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Emil Lensing, Hermann, Missouri

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): Chronic Glomerular Nephritis — 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) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 18 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ 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? 592X

22. *I hereby certify that I attended the deceased from* Jan. 21, 1951, *to* Feb. 7, 1951, *that I last saw the deceased alive on* Feb. 7, 1951 *and that death occurred at* 6:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE: Clarence E. Mueller (Degree or title): M.D.

23b. ADDRESS: 634 N. Grand Blvd.

23c. DATE SIGNED: 2-8-51

24a. BURIAL, CREMATION, REMOVAL (Specify): removal

24b. DATE: 2-8-51

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Hermann, Missouri

DATE REC'D BY LOCAL REG.: 2-8-51

REGISTRAR'S SIGNATURE: J. D. Lacaty

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Blumer, Hermann, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 29 1952

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 [illegible]

Licensed Embalmer No. [illegible]

P. O. Address [illegible]

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.