

STANDARD CERTIFICATE OF DEATH

State File No. 8835

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8835**

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 **Saint Louis**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Saint Louis** **2109**

d. FULL NAME OF HOSPITAL OR INSTITUTION **De Paul Hospital**

d. STREET ADDRESS (If rural, give location) **2920a Hebert Street, 7, 0**

3. NAME OF DECEASED
a. (First) **Mary** b. (Middle) **Susan** c. (Last) **Lenz**

4. DATE OF DEATH **Sept. 21st, 1952**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **June 18th, 1890**

9. AGE (In years last birthday) **62**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housework**

10b. KIND OF BUSINESS OR INDUSTRY **Own Home**

11. BIRTHPLACE (City and State or Foreign Country) **Washington, D. C.**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Charles L. Reed**

13b. MOTHER'S MAIDEN NAME **Nellie A. Elam**

14. NAME OF HUSBAND OR WIFE **Clarence F. Lenz**

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. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Clarence F. Lenz, 2920a Hebert Street, 7,**

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary occlusion**
ANTECEDENT CAUSES **Coronary artery disease**
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.

INTERVAL BETWEEN ONSET AND DEATH
18 hrs.
8 yrs.

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **4201**

22. I hereby certify that I attended the deceased from **April, 1948**, to **Sept 21, 1952**, that I last saw the deceased alive on **Sept 19, 1952** and that death occurred at **6:30 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Chas. Justus D.**

23b. ADDRESS **3500 N. Grand**

23c. DATE SIGNED **9-22-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **9/24/52**

24c. NAME OF CEMETERY OR CREMATORY **Valhalla Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

DATE REC'D BY LOCAL REG. **SEP 22 1952**

REGISTRAR'S SIGNATURE **Carl Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Calvin F. Feutz, 4828 Natural Bridge Blvd.**

(Licensed Embalmer's Statement on Reverse Side)

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

Hours 1:00 P. M. to 8:00P. M.
Mon., Wed., Fri.

1:00 P. M. to 4:00 P. M.
(Thursday)

File in City

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 John A. Miller

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

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.