

FILED FEB 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3418
0043
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 11 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood 4713				
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				d. STREET ADDRESS (If rural, give location) 477 S. Clay Ave. /				
3. NAME OF DECEASED (Type or Print) a. (First) MARTHA b. (Middle) O. c. (Last) LORENZ			4. DATE OF DEATH (Month) (Day) (Year) Jan. 3, 1953					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 26, 1886		
				9. AGE (in years) (Months) (Days) (Hours) (Min.) 66 4 7				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Never worked		11. BIRTHPLACE (City and State or Foreign Country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Hugo Rauss			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Gottfried 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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gottfried Lorenz, 477 S. Clay, Kirkwood				
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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of sigmoid Feb 27/52 DUE TO (c) Abdominal Carcinomatosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION Oct 25 1952		19b. MAJOR FINDINGS OF OPERATION Intestinal Obstruction Carcinoma					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) no				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) no		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? no 153X				
22. I hereby certify that I attended the deceased from Feb 27, 1952 , to Jan 3, 1953 , that I last saw the deceased alive on Jan 3, 1953 and that death occurred at 8:08 AM. , from the causes and on the date stated above.								
23a. SIGNATURE Henry P. Meyer M.D. (Degree or title)				23b. ADDRESS 508 X Grand		23c. DATE SIGNED 1/3/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/5/53		24c. NAME OF CEMETERY OR CREMATORY Park Hill Cemetery		24d. LOCATION (City, town, or county) (State) Sappington, Mo.		
DATE REC'D BY LOCAL REG. JAN 5 1953		REGISTRAR'S SIGNATURE Carl Smith M.D. St. Louis		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. Popp Inc. Kirkwood Mo.				

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

JUL 8 1958

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 Felix Hurand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22 MD

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.