

16. 300  
0. 48

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20201

State File No. 5125  
Registrar's No. 1003

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

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) St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Newstead Hotel 4167 Olive Street		e. STREET ADDRESS (If rural, give location) 19 4167 Olive Street 2199 19	
3. NAME OF DECEASED (Type or Print) a. (First) Christ b. (Middle) A. c. (Last) Lorenzen		4. DATE OF DEATH (Month) (Day) (Year) June 12, 1955	
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Aug. 1, 1896
9. AGE (In years last birthday) 58		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10. b. KIND OF BUSINESS OR INDUSTRY Swift Printing Co. St. Louis, Missouri
11. BIRTHPLACE (City and State or Foreign Country) 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Peter C. Lorenzen		13b. MOTHER'S MAIDEN NAME Ida Lucky	
14. NAME OF HUSBAND OR WIFE Caroline			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. #1		16. SOCIAL SECURITY NO. 321-07-8862	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Emilie Herbst		ADDRESS 5562 Lindenwood	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Strangulation, due to hanging; suffered when deceased hanged himself by rope over transom of doorway in his room at the Newstead Hotel, 4167 Olive St., on June 12, 1955</i> INTERVAL BETWEEN ONSET AND DEATH 2. ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> 3. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death by (a) related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION 1955		19b. MAJOR FINDINGS OF OPERATION <i>exact time unknown Suicide</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT OR SUICIDE (Specify) <i>Suicide</i>		21b. PLACE OF INJURY (e.g., home, farm, factory, store, office, bldg., etc.) <i>Hotel</i>	
21c. (CITY, TOWN, OR TOWNSHIP) COUNTY (STATE) <i>St. Louis Mo</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>June 12 56? m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>E974X</i>			
22. I hereby certify that I attended the deceased from _____ 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>7:56 p.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>James M Kelly</i>		23b. ADDRESS <i>1300 Clark</i>	
23c. DATE SIGNED <i>6-15-55</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>June 15, 1955</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>St. Paul's Churchyard</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>JUN 14 1955</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. Helder</i>		ADDRESS <i>3634 Gravois Ave.</i>	

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Robert Cochran*

Licensed Embalmer No. *212*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.