

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 26 1956

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State File No. 2837  
Registrar's No. 296

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Luthern Hospital</b>				STREET ADDRESS (If rural, give location) <b>23 1824a Lami St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b>		b. (Middle) <b>J.</b>		c. (Last) <b>Lorenzen</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 8 - 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 26, 1884</b>		9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>12</b>	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Huckster</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Claus Lorenzen</b>		13b. MOTHER'S MAIDEN NAME <b>Marie Boetchert</b>		14. NAME OF HUSBAND OR WIFE <b>Emilia Lorenzen</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>486-387606</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Emilia Lorenzen 1824a Lami St.</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Carcinomatosis - glandular</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Primary Adenocarcinoma of Bladder!</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Malnutrition</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1/2 yr.</b>	
19a. DATE OF OPERATION <b>6/13/55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Adenocarcinoma of Bladder, invading bladder + glands.</b>				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) <b>181st</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>Dec 20, 1955</b> , to <b>Jan 8, 1956</b> , that I last saw the deceased alive on <b>Jan 8, 1956</b> , and that death occurred at _____ p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Charles G. Obermeyer M.D.</b>				23b. ADDRESS <b>3103 Riverside St.</b>		23c. DATE SIGNED <b>1/9/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/11/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rovey Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Farmersville, Illinois.</b>	
DATE REC'D BY LOCAL REG. <b>JAN 10 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John H. Gebken Sons 2630 Gravois.</b>			

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

Student.....  
Signature of Student Embalmer

Signed *Robert J. Gebken*

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

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.