

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6814

State File No.

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003 Registrar's No. 1011

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Kirkwood 4673	
c. LENGTH OF STAY (in this place) 1 Mo.		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 Deaconess Hospital		e. STREET ADDRESS (If rural, give location) 1024 N Woodlawn	
3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) GEORGE CHARLES LENZ			4. DATE OF DEATH (Month) (Day) (Year) 1-29-1956
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-5-1906
9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Meat	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles Lenz		13b. MOTHER'S MAIDEN NAME Bertha Bill	14. NAME OF HUSBAND OR WIFE Edna 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. 493-10-1247	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. G.C. Lenz 1024 N Woodlawn
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) Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) multicentric carcinoma of colon DUE TO (c) Congenital polyparsis of colon II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION Oct 1954		19b. MAJOR FINDINGS OF OPERATION See diagnoses above	
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) 153X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 October, 1955, to 28 Jan, 1955, that I last saw the deceased alive on 28 Jan, 1955, and that death occurred at 12:35A.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Jules Pearson M.D.		23b. ADDRESS 110 S. Central Clayton 5 Mo	
23c. DATE SIGNED 30 Jan 56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-31-1956	
24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. JAN 30 1956		REGISTRAR'S SIGNATURE J. Carl Smith M.D. Parker, admb. Habster, Grouse, Mo	
		FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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 *Mivelle B. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *15 W. Locke*

**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.**