

Health, Welfare, Public Service

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008453

STATE FILE NUMBER

FILED MAR 10 1958

Registration District No. 319 Primary Registration District No. 4468 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Ste. Genevieve		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ste. Genevieve	
b. CITY (If outside corporate limits, give TOWNSHIP only) Ste. Marys		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ste. Marys Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 14 Months	d. STREET ADDRESS (If outside, give location) 950 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle B Last Lorenz			4. DATE OF DEATH Month March Day 1 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 21, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe salesman		10b. KIND OF BUSINESS OR INDUSTRY Shoe	9. AGE (In years rthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) Perry County		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry A C Lorenz		13b. MOTHER'S MAIDEN NAME Mary E Vessell	
14. NAME OF HUSBAND OR WIFE Aurelia Galloway		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. 494-01-3858		17. INFORMANT Harold Graff Address Rte #3 Perryville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary arteriosclerosis DUE TO (c) indefinite PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			INTERVAL BETWEEN ONSET AND DEATH 1/2 hour.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from March 1, 1958 to March 1, 1958 and last saw her alive on March 1, 1958 Death occurred at 3:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joseph F. Lickewill (Degree or title)		22b. ADDRESS St Marys Mo.	
22c. DATE SIGNED 3/2/58.		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE Mar 4, 1958		23c. NAME OF CEMETERY OR CREMATORY St. Marcus Cemetery	
23d. LOCATION (City, town, or country) (State) St. Louis, Mo.		24. FUNERAL DIRECTOR Young & Sons Perryville, Mo. ADDRESS	
25. DATE RECD. BY LOCAL REG. 3-3-58		26. REGISTRAR'S SIGNATURE John J. Eslinger	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

