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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 21 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011951
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3102

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Firmin Desloge — Length of stay in 1b: 1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Cape Girardeau — Inside Limits Yes ☐ X No ☐
d. STREET ADDRESS (If outside, give location): 712 Independence — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Robert Middle: Last: Lorenz
4. DATE OF DEATH: Month Day Year: March 16, 1958
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Feb. 15, 1919
9. AGE (In years last birthday): 39 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Enforcement Agent
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Treasury
11. BIRTHPLACE (City and state or country): St. Joseph, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: William Lorenz
14. MOTHER'S MAIDEN NAME: Homora E. Dorsey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: William Lorenz, 1006 Prospect — Address: St. Joseph, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Hypertension — INTERVAL BETWEEN ONSET AND DEATH: Indefinite
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Interatrial Septal Defect — 38 yrs
DUE TO (c): Congenital heart disease — 38 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 754.3
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 3/11/58, to 3/16/58 and last saw her/him alive on 3/16
Death occurred at 5:50 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. Pauline Haulon (Degree or title) M.D.
22b. ADDRESS: 1325 S. Grand Blvd. St Louis 4.
22c. DATE SIGNED: 3/16/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3-16-58
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

24. FUNERAL DIRECTOR: Albert H. Hoppe — ADDRESS: 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: MAR 17 58
26. REGISTRAR'S SIGNATURE: Earl Smith M.D. M.J.B.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J Wm Dinkley

Licensed Embalmer No. 365

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.