

Health, Welfare & Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045968

STATE FILE NUMBER

FILED JAN 12 1959

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 12211

300  
-57

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Grover	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hosp.		d. STREET ADDRESS (If outside, give location) D.O.A. 27	
3. NAME OF DECEASED (Type or print) First Middle Last Roy Wm. Lenz		4. DATE OF DEATH Month Day Year Dec 15 1958	
5. SEX male $\sigma$	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 25 1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) truck driver		10b. KIND OF BUSINESS OR INDUSTRY Tucker Hill	11. BIRTHPLACE (City and state or country) Franklin Co., Mo.
13a. FATHER'S NAME William Lenz		13b. MOTHER'S MAIDEN NAME Bertha Mueller	14. NAME OF HUSBAND OR WIFE Marie 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. 487-20-7465	17. INFORMANT Marie Lenz. Grover, 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) <u>acute circulatory failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>coronary thrombosis</u> DUE TO (c) <u>arteriosclerosis 420.1</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>6-20-58</u> to <u>12-13-58</u> and last saw her alive on <u>12-13-58</u> Death occurred at <u>2:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>L. F. Bamhill</u> (Degree or title) D.O. I		22b. ADDRESS <u>Ellersville Mo.</u>	
22c. DATE SIGNED <u>12-16-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE <u>12-18-58</u>	
23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery		23d. LOCATION (City, town, or county) (State) Labadie, Missouri	
24. FUNERAL DIRECTOR Schrader Funeral Home		25. DATE RECD. BY LOCAL REG. DEC 18 '58	
ADDRESS Ballwin Mo.		26. REGISTRAR'S SIGNATURE <u>Carl Smith MO</u> mrs	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Richard Bopp* .....

Licensed Embalmer No. *4584* .....  
P. O. Address... *Baltimore, Md.* .....

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.