

Health,
L. Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015335
STATE FILE NUMBER

FILED MAY 6 1959 Registration District No. Primary Registration District No. Registrar's No. 3863

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hosp.		d. STREET ADDRESS (If outside, give location) 3400 S. Grand.	

3. NAME OF DECEASED (Type or print) First Middle Last Helena Lorenz			4. DATE OF DEATH Month Day Year Apr. 19 1959		
5. SEX Female	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 Nov. 25 1873	9. AGE (In years at birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Germany	
12. CITIZEN OF WHAT COUNTRY? U. S. G.		13a. FATHER'S NAME Unkn. Gray		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Henry Lorenz		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or name of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Rose Lorenz		Address 57 Hilltop, E. St. Louis			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Right Hip Arteriosclerosis DUE TO (b) DUE TO (c)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not alluded to in the immediate cause (a) in Part I. Slipped in hall on floor of elevator in house at 3400 South Grand Blvd was at about January 29, 1959. 903.02d 000		

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (See Part I. of items 18) Slipped in hall on floor of elevator in house at 3400 South Grand Blvd was at about January 29, 1959. 903.02d 000	
20c. TIME OF INJURY Hour Month, Day, Year 1 29 59	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office bldg., etc.) 164 Haining	20e. CITY, TOWN, OR LOCATION St. Louis Mo

21. I attended the deceased from Death occurred at 5901	to her alive on	and last saw him
--	-----------------	------------------

22a. SIGNATURE Paul Simon	22b. ADDRESS Corona 1300 Clark	22c. DATE SIGNED 4/20/59
------------------------------	-----------------------------------	-----------------------------

23a. BURIAL, CREMATION, REMOVAL (See 101) Burial	23b. DATE 4-22-59	23c. NAME OF CEMETERY OR CREMATORY S. S. Peter + Paul Cem.	23d. LOCATION (City, town, or county) St. Louis Mo.
---	----------------------	---	--

25. DATE RECD. BY LOCAL REG. APR 20 59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
---	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57
6

4

All diseases in Part I must be causally related.

0

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 *Custav W. Putsch*

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, Mo.*

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.