MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-009269

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 582

FILED MAR 2 1962

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Normandy — Length of stay in 1b: 1 mo. 8 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST. VINCENT'S HOSPITAL — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Lemay — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 122 Laredo Street — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First LOUISE Middle WILHEIMINA Last LENZEN

4. DATE OF DEATH: Month February Day 16 Year 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-15-03
9. AGE (last birthday): 58 — IF UNDER 1 YEAR: Months 8 Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Jefferson County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Emil Schuett
13b. MOTHER'S MAIDEN NAME: Pauline
14. NAME OF HUSBAND OR WIFE: Mr. John Lenzen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: [redacted]
17. INFORMANT: Mr. John Lenzen, husband. Address: 122 Laredo Street, Lemay, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemmhorage — INTERVAL BETWEEN ONSET AND DEATH: 11 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral T/S.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

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 Jan. 8, 1962 to Feb. 16, 1962 and last saw her alive on Feb. 16, 1962
Death occurred at 7:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title)
22b. ADDRESS: 906 Olive
22c. DATE SIGNED: 2/16/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: FEB-19-1962
23c. NAME OF CEMETERY OR CREMATORY: Mt Hope Cem.
23d. LOCATION (City, town, or county) (State): Lemay - Mo

24. FUNERAL DIRECTOR: Fey Funeral Home — ADDRESS: Mehlville Mo.
25. DATE RECD. BY LOCAL REG.: 2-18-62
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	4631		
2	4000		
3			
4	1		
5	1		
6			
7	0		
8	1		
9	331X		
10			
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12	47 d		
13			

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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 Gustav W. Dietle

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.