

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021414

STATE FILE NUMBER

FILED JUN 17 1962 Primary Registration District No. 500 Registrar's No. 1688

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Vinita Park</i>		Length of stay in 1b <i>3 years</i>	c. CITY OR TOWN <i>Vinita Park</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>8210 a Page Ave</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>8210 a Page Ave</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Evelyn R. Lennertz</i>		4. DATE OF DEATH Month Day Year <i>June 4, 1962</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>6/5/89</i>
9. AGE (last birthday) <i>72</i>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	11. BIRTHPLACE (City and state or country) <i>Marquette Michigan</i>
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13a. FATHER'S NAME <i>William D. Reany</i>	
13b. MOTHER'S MAIDEN NAME <i>Elizabeth Fischer</i>		14. NAME OF HUSBAND OR WIFE <i>Benedict Lennertz</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no none</i>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <i>William E. Reany 7725 Utica Drive</i>
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i> DUE TO (b) <i>Hypertensive Heart Disease</i> DUE TO (c) <i>Essential Hypertension</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>10-14 hr.</i> <i>years</i> <i>years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes Mellitus</i>			PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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 a.m. p.m. Month, Day, Year		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 <i>4/6/62</i> to <i>6/4/62</i> and last saw her/him alive on <i>6/1/62</i> Death occurred at <i>home</i> <i>Am</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>John B. Murphy M.D.</i>		22b. ADDRESS <i>9440 Woodland Springs, Mo</i>	
22c. DATE SIGNED <i>6/5/62</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>June 6, 1962</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Park Cemetery</i>		23d. LOCATION (City, town, or county) <i>Marquette Michigan</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Shepard Funeral Home 1167 Hamilton Ave</i>		25. DATE RECD. BY LOCAL REG. <i>6-5-62</i>	
26. REGISTRAR'S SIGNATURE <i>John B. Murphy M.D.</i>			

