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40159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 22 1943
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. 10932

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3636 S. Compton Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 yr. 4 mo.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3636 S. Compton Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert Lennartz
3. (b) If veteran, name war No
3. (c) Social Security No. 330-18-0159

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 9
year 1943 hour 10 minute 15 P. M.
21. I hereby certify that I attended the deceased from Oct. 13
1943, to Dec. 9, 1943
that I last saw him alive on Dec. 6, 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Augusta Lennartz
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased May 23 1868
(Month) (Day) (Year)

Immediate cause of death
Cardiac Failure
congestive type
Duration
Due to _____
Due to _____
Other conditions Carcinoma Rectum
(Include pregnancy within 3 months of death)
Pleurisy & effusion

8. AGE: Years Months Days If less than one day
75 6 16 hr. _____ min.

Major findings:
Of operations Cancer of Rectum
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation Watchman Granite City
11. Industry or business Steel Co.
12. Name Joseph Lennartz
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Heleen Selfie
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Arthur H. Haedes
(b) Address 5673 Itaska St.
17. (a) Removal (b) Date thereof 12-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary, Edwardsville Ill.
18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Ave.
19. (a) DEC 10 1943 (b) J. F. Bredek
(Data received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Herbert J. Nadi (M. D. or other) _____
Address 332 S. 3rd St. Date signed 12/10/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *J. W. Wilkin*

Licensed Embalmer No..... *3575*

P.O. Address.....

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 this body is not embalmed, fact should be so stated above.