

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

42022

State File No.

FILED JAN 6 1956

318

1003

Registrar's No. **11339**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
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, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6054 Tholozan Ave.				e. STREET ADDRESS (If rural, give location) 17 6054 Tholozan Ave. 21490			
3. NAME OF DECEASED (Type or Print) a. (First) Lorenz		b. (Middle) P.		c. (Last) Elz		4. DATE OF DEATH (Month) (Day) (Year) Dec. 26, 1955	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Dec. 4, 1890		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 0 Days 22	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Peter Elz		13b. MOTHER'S MAIDEN NAME Catherine Goetz		14. NAME OF HUSBAND OR WIFE Mrs. Nora Elz			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 487-32-9815		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nora Elz, 6054 Tholozan Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Peter von der Becke chronic nephritis etc. DUE TO (c) X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension Cardiovascular				INTERVAL BETWEEN ONSET AND DEATH 5+4	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 420.1		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>53</u> , to <u>12-26</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-26</u> , 19 <u>55</u> , and that death occurred at <u>2</u> p. m., from the causes and on the date stated above.							
23a. SIGNATURE Raymond T. Martin				M.D. (Degree or title) M.D.		23b. ADDRESS 5203 Chestnut	
23c. DATE SIGNED 12-27-55							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 30, 1955	24c. NAME OF CEMETERY OR CREMATORY Sun Set Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
DATE REC'D BY LOCAL REG. DEC 27 1955		REGISTRAR'S SIGNATURE J. Earl Smith, MD.		25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 3840 Lindell Blvd.	

m. g. B.

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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, of by me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Wm L. Saper

Licensed Embalmer No. 46

P. O. Address 38401

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.