No. 2
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17-30
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 10 1940

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 24685

Registrar's No. 810

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 months (Specify whether years, months or days)

In this community 54 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits write "RURAL")

(d) Street No. 1115 Ridenbaugh St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME Lena M. Marcell 624

3. (b) If veteran, name war None

3. (c) Social Security No. 491-10-2782

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased February (Month) 27 (Day) 1880 (Year)

8. AGE: Years 60 Months 4 Days 29 If less than one day: hr. ____ min.

9. Birthplace Naples (City, town, or county) Italy (State or foreign country)

10. Usual occupation Retired Florist (Sales)

11. Industry or business Stuppy Floral Co.

FATHER
12. Name Felix Marcell
13. Birthplace Unknown (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name Susan Padula
15. Birthplace Unknown (City, town, or county) Italy (State or foreign country)

16. (a) Informant F. A. Marcell
(b) Address 417 West Chestnut, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery.

18. (a) Signature of funeral director H. O. Sidenfaden & Son
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 7/29/40 (Date received by local registrar) (b) H. J. Mattlibud (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 26 day 26th year 1940 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from July, 1939, to July 26, 1940, that I last saw her alive on July 25, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Disease	30 min
Due to: Myocarditis Chronic	4 yr.
Due to: Arteriosclerosis	14 yr.
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: ✓	
Of autopsy: ✓	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work?
(e) Means of injury

23. Signature H. H. Allaman (M. D. or other) M.D.
Address Angie Bldg. St. Joseph Date signed 7/27/40

(Licensed Embalmer's Statement on Reverse Side)

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 Robert P. Clarkson

Licensed Embalmer No. 4028

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.