No. 2
-1-4-41
5-17-39
I X26390

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

FILED SEP 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27188

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6980

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Baptist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days (Specify whether
In this community 9 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 16
(c) City or town Allensville (If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Lenora E. Markel
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 28 (Day) 1880 (Year)

8. AGE: Years 60 Months 8 Days 0 If less than one day hr. min.

9. Birthplace Marshal (City, town, or county) / Illinois (State or foreign country)
10. Usual occupation Merchant
11. Industry or business Dry Goods
FATHER
12. Name Wm. M. Petry
13. Birthplace Marshal (City, town, or county) / Illinois (State or foreign country)
MOTHER
14. Maiden name Susan E. Downs
15. Birthplace Marshal (City, town, or county) / Illinois (State or foreign country)
16. (a) Informant Mrs. John Dunn
(b) Address Heavner Oklahoma
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-41 (Month) (Day) (Year)
(c) Place: burial or cremation Cape Girardeau Mo.
18. (a) Signature of funeral director Wm. Schumacher
(b) Address 3013 [illegible]
19. (a) AUG 28 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 27 year 1941 hour 5 P.M. minute 30 M.
21. I hereby certify that I attended the deceased from Aug 19 1941 to Aug 27 1941 that I last saw her alive on 8/27 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus

Due to Fracture femur

Due to Fall in own stone

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy O.K. Thomas F. Callanan Deputy Coroner

Duration

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) accident
(b) Date of occurrence 8/16/41 000
(c) Where did injury occur? her stone (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? her stone (Specify type of place)
While at work? (e) Means of injury

23. Signature W. L. Klinefelter M. D. or other
Address [illegible] Date signed 8/28/41

(Licensed Embalmer's Statement on Reverse Side)

SEP 22 1948

9199 Taylor

OCT 27 1952

Dr Kleinfelter

JAN 18 1949

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

Signed Clarence Kochow

Licensed Embalmer No. 30.93

P. O. Address 3013 Miramar

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.