No. 2
4-13-40
5-17-39
PI X23159

16
1
4

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUL 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20853

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 183

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town " " City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 6 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town New Wells
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Lena Emelia Petzoldt

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Herman R Petzoldt
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased June (Month) 10 (Day) 1875 (Year)

8. AGE: Years 56 Months 11 Days 27 If less than one day hr. min.

9. Birthplace New Wells Mo (City, town, or county) (State or foreign country)
10. Usual occupation House work
11. Industry or business
MOTHER FATHER
12. Name Joseph Holdt
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Mina Mueller
15. Birthplace Dont know (City, town, or county) (State or foreign country)
16. (a) Informant Herman Petzoldt
(b) Address New Wells Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/42 (Month) (Day) (Year)
(c) Place: burial or cremation New Wells Cemetery
18. (a) Signature of funeral director Fred Kahnert
(b) Address New Wells Mo
19. (a) 6-8-42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 7 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 6-2, 1942 to 6-7, 1942 that I last saw her alive on 6-7, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon
Due to
Due to Oper.-Resection of Bowel
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Carcinoma of Colon
Of autopsy

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)
(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 A Bunerth (M. D. or other) MD
Address Cape Girardeau Mo Date signed 6/8/42

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 42 - 942

Date Filed 2 - 14 - 42

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 B H Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson Me

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.