DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30793

REC'D OCT 11 1939

Registration District No. 791

Primary Registration District No.

Registrar's No. 7856

1. PLACE OF DEATH: 1003

(a) County 2

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

(c) Name of hospital or institution: (none) 1413 Madison St.
(If not in hospital or institution, write street number or location)

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

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 1

(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")

(d) Street No. 1413 Madison
(If rural, give location)

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

3. (a) PRINT FULL NAME Ida Starr 360

3. (b) If veteran, name war none

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 Unknown.

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

7. Birth date of deceased Unknown. (Month) (Day) 1857 (Year)

8. AGE: Years about 82 | Months -- | Days -- | If less than one day hr. min.

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

10. Usual occupation Housework.

11. Industry or business

FATHER
12. Name John J. Campbell
13. Birthplace Tennessee. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Mack.
15. Birthplace Tennessee. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature R. B. Campbell
(b) Address 1413 Madison St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 12. 39 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews.

18. (a) Signature of funeral director Bennett Nielsen
(b) Address 1433 Union Blvd.

19. (a) SEP 12 1939 (Date received local registrar) (b) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11 year 1939 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from July 13, 1939, to Sept 11, 1939, that I last saw her alive on Sept. 10, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Nephritis Chronic.	6 mo.
Due to Sepilitg.	
Due to	
Other conditions (Include pregnancy within 3 months of death) Arteril Sclerosis.	

Major findings:
Of operations No
Of autopsy No

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 W. D. Seelig (M. D.)
Address 2303 Ro Blvd Date signed 9/14/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

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.....

Licensed Embalmer No. 2915

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, above space should be left blank.