

DEC 13 1934 791
Registration District No. **1003**

Primary Registration District No. _____

1. PLACE OF DEATH: **2**
(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: **5907 Minnesota**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **M.** (b) County **1**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5907 Minnesota**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME **Stephen T. Campbell**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month **11** day **19**
year **1939** hour **9** minute **35** A. M.

4. Sex **Male** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Catherine Campbell** 6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **11-15-1864**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct. 2**, 19**37**, to **Nov. 19**, 19**39**;
that I last saw him alive on **Nov. 19**, 19**39**;
and that death occurred on the date and hour stated above.

8. AGE: Years **75** Months **6** Days **4** If less than one day _____ hr. _____ min.

Immediate cause of death **Broncho-Pneumonia** Duration **4 days**

9. Birthplace **St. Louis** **Mo.**
(City, town, or county) (State or foreign country)

Due to **Degenerative Myocarditis** **1 year**
Due to **General Arteriosclerosis** **1 year**

10. Usual occupation **None**

Other conditions _____
(Include pregnancy within 5 months of death)

11. Industry or business _____
12. Name **Unknown**
13. Birthplace **St. Louis**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

Major findings: **MI**
Of operations _____
Of autopsy _____

16. (a) Informant's own signature **Stephen T. Campbell**
(b) Address **5907 Minnesota**
17. (a) **Burial** (b) Date thereof **11-22-39**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **S.S. Peter & Paul**
18. (a) Signature of funeral director **Southern Ind. Co.**
(b) Address **222 S. Grand**
19. (a) **NOV 21 1934** (b) **J. B. Brudick**
(Date received local registrar) (Registrar's signature)

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **S. A. Peter MD** (M. D. or other) _____
Address **439 Bates** Date signed **11/24/39**

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.

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, ~~etc~~.....

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

Signed.....

Virgil L. Berryman

Licensed Embalmer No. *4018*

P. O. Address *St. Louis Mo.*

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.