

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.

Registration District No. 784

Primary Registration District No. 106

State File No. \_\_\_\_\_

Registrar's No. 1986

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Kirkwood Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Agnes Home 3  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 yr 2 mo.  
 (Specify whether years, months or days)  
 In this community Life.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_  
 (c) City or town Springfield  
 (If outside the city or town limits, write "RURAL")  
 (d) Street No. 922 W Madison  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Wilmina Campbell 514

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Robert Sr. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 27th, 1857  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>6</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business none

12. Name Robert Campbell Sr.

13. Birthplace Not known  
 (City, town, or county) (State or foreign country)

14. Maiden name Everitt

15. Birthplace Not known  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Robert Campbell Sr.

(b) Address 5225 Robert Ave.,

17. (a) burial (b) Date thereof 11/15/39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield Mo.

18. (a) Signature of funeral director George...

(b) Address 7027 Gravois Ave.

19. (a) NOV 13 1939 (b) ...  
 (Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12  
 year 1939 hour NOT KNOWN minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Th. Sunday at home  
and found dead in bed to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h \_\_\_\_\_ alive on NOT KNOWN \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Patibled found dead Duration \_\_\_\_\_  
in bed at 5:30 AM. By Catholic  
Dr. W. S. ...  
Due to ...  
Other conditions ...

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy No autopsy

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 ... (M. D. or other) \_\_\_\_\_

Address ... Date signed \_\_\_\_\_

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**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 C. P. Kirdwell

Licensed Embalmer No. 3877

P. O. Address 6937<sup>a</sup> Gravois

**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.**