FILED APR 15 1940

S. No. 2
-11-10-39
5-17-39
P I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8927

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2410

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

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: # 245 No. Union, Ave., (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis, 12 (If outside city or town limits, write "RURAL")

(d) Street No. # 245 No. Union, Ave., (If rural, give location)

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

3. (a) PRINT FULL NAME LUNA MAY CAMPBELL.

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 Married

6. (b) Name of husband or wife Dr. George A. Campbell

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased April (Month) 12, (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	10	28	hr. min.

9. Birthplace Lafayette, (City, town, or county) Ill. (State or foreign country) 1

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Robert B. Jamison. 1
13. Birthplace (City, town, or county) Kentucky. (State or foreign country)

MOTHER
14. Maiden name Rosie Ingls
15. Birthplace (City, town, or county) Indiana (State or foreign country) 1

16. (a) Informant Dr. George A. Campbell.

(b) Address # 245 No. Union, Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/40 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director C.R.Lupton & Sons.

(b) Address 7233 Delmar, Blvd.,

19. (a) MAR 12 1940 (Date received local registrar) (b) J. E. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th year 1940 hour 10:45 minute P. M.

21. I hereby certify that I attended the deceased from , 1940, to March 10, 1940; that I last saw her alive on March 10, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage cerebral	3 da
Due to Cardio vascular sclerosis	10 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 John C Marfat 1 (M. D. ~~or other~~)

Address 946 Mo Bld 634 N. Grand Date signed 3-11-40

(Licensed Embalmer's Statement on Reverse Side)

Mo. Theatre Bldg
9-E-0021
2 P.M.

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 219 Don K. Muschany, Registered Apprentice No. ....., working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

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.