

APR JUL 15 1940
Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1095

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days
(Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 3709 Gordon
(If rural, give location)

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

3. (a) PRINT FULL NAME Elsie Campbell 514

8. (b) If veteran, name war No 8. (c) Social Security No. 495-12-8645

4. Sex female 5. Color or race white 6. (e) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Clarence Campbell 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Feb. 26 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>45</u>	<u>3</u>	<u>9</u>	____ hr. ____ min.
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9. Birthplace Troy Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation nil. 6

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Rother 6

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jackel

15. Birthplace Des Peres Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Rother

(b) Address 5985 Romaine Place

17. (a) Burial (b) Date thereof June 7/40.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) JUN 6 - 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1940 hour 1 minute :30 P.M.

21. I hereby certify that I attended the deceased from 5-20-40
_____ 19____ to 6-4-40 19____
that I last saw her alive on 6-4-40 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the
stomach acute

Due to Carcinoma of the stomach acute

Due to (primary) stomach

Other conditions 4/4
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of stomach
intestine

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? _____

707
While at work? _____ (Specify type of place)
_____ (e) Means of injury

23. Signature [Signature] (M. D. or other) [Signature]

Address Clayton Mo Date signed 6-4-40

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

6
2
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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 _____

Licensed Embalmer No. 3225

P. O. Address 1125 Hodiamont Ave.

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.