

SEP 25 1940

State File No.

6576

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
BARNES HOSPITAL |
 (If not in hospital or institution, write street number & location)
 (d) Length of stay: In hospital or institution 25 days
 (Specify whether
 In this community _____
 years, months or days) Ill

3. (a) PRINT FULL NAME CAMPBELL, CLARA MORROW

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

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

6. (b) Name of husband or wife Charles M. Campbell 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 3, 1866
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 2 28 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James F. Morrow

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

14. Maiden name Marilla Thompson

15. Birthplace Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Eva Campbell

(b) Address 1239 Amherst Place

17. (a) Burial (b) Date thereof 8/3/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Avenue

19. (a) AUG 2 1940 (b) J. G. Prudeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
 (c) City or town St. Louis 5
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1229 AMHERST PL.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1
 year 1940 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from July 7, 1940, to August 1, 1940, that I last saw her alive on August 1, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration _____

Due to Squamous cell Carcinoma of the cervix uteri & irradiation

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations Carcinoma of cervix uteri
 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? _____
 While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature W. H. Woodward (M. D. or other) M.D.
 Address BARNES HOSPITAL Date signed 8/1/40

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, or by.....

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

Signed *Ray W Wilkins*

Licensed Embalmer No. *3575*

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.