No. 2
1-13-40
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X23150

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1941

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

Dr Goodrich

State File No. 40202

Registrar's No. 9973

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

1. PLACE OF DEATH:

(a) County 2

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

(c) Name of hospital or institution: 5536 Pershing
(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 Missouri (b) County

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

(d) Street No. 5536 Pershing
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Emma W. Campbell

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 Freemont Campbell

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

7. Birth date of deceased Oct. (Month) I (Day) 1858 (Year)

8. AGE: Years	Months	Days	If less than one day
82	2	0	hr. min.

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

10. Usual occupation Retired Housewife 1

11. Industry or business

FATHER
12. Name Israel Thompson 1
13. Birthplace Indiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Kethcart
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant P. H. Deffendall
(b) Address 7305 Pershing

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/40 (Month) (Day) (Year)
(c) Place: burial or cremation: Taylorville, Ills

18. (a) Signature of funeral director Louis H. Bapp, Inc.
(b) Address 131-W. Argonne Dr. Kirkwood Mo

19. (a) DEC 5 1940 (Date received local registrar) (b) J. H. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1st year 1940 hour 9 minute 9 M.

21. I hereby certify that I attended the deceased from Nov-15 1940, 19 to Dec-1, 1940, that I last saw her alive on Nov-30, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	1 year
Cerebral arteriosclerosis	1 year
Due to General arteriosclerosis	
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) No

(b) Date of occurrence

(c) Where did injury occur? None (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 1

23. Signature H. A. Goodrich M. D. or other M. D.
Address 14 E Lockwood Date signed 12/1/40

(Licensed Embalmer's Statement on Reverse Side)

9973

9973

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 Louis H Bopp, Registered Apprentice No. ..... working under my personal supervision.

Signed: Louis H Bopp

Licensed Embalmer No. 921

P. O. Address Kirkwood, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.