

S. No. 2
—11-10-39
v. 5-17-39
X2149

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAR 25 1941 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

5647
State File No. _____
Registrar's No. 1895

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution:
3111 Lawton Ave
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

3. (a) PRINT FULL NAME Anna Campbell
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color Pol 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Henry Campbell 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE Years Months Days If less than one day
abt 70 Unknown hr. min.

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

10. Usual occupation House Work

11. Industry or business
12. Name Burl Hill
13. Birthplace Virginia
14. Maiden name Harris
15. Birthplace Virginia

16. (a) Informant Louis Campbell
(b) Address 3111 Lawton

17. (a) Burial (b) Date thereof 3-3-41
(c) Place: burial or cremation Washington St

18. (a) Signature of funeral director H. A. Green
(b) Address 2915 Franklin Ave

19. (a) FEB 20 1941 (b) J. W. Redek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 921
(d) Street No. 3111 Lawton
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 25
year 1941 hour 10 minute 5 P.M.
21. I hereby certify that I attended the deceased from 2-22-1941 to 2-25-1941
that I last saw her alive on 2-25-1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy no
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? _____
(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 D
23. Signature Dr. Edward Sell (M. D. or other) _____
Address 2901 E. Washburn Date signed 2-26-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
00
117
9

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. 2913

P. O. Address 2915 Franklin 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.