

FILED NOV 22 1941
Registration District No. _____

Primary Registration District No. **1003**

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: **Mo. Baptist Hospital D**
(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..... **Mo.** (b) County.....
(c) City or town..... **St. Louis** **17-000**
(If outside city or town limits, write "RURAL")
(d) Street No..... **3866 Russel Blvd.** **17**
(If rural, give location) **9**
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **30**
year **1941** hour **1** minute **30** P.M.

21. I hereby certify that I attended the deceased from **July 13** 19 **41** to **Sept 30** 19 **41**
that I last saw **her** alive on **Sept 30** and that death occurred on the date and hour stated above.

Immediate cause of death..... **Tubercular Peritonitis** Duration **1 month**

Due to..... **5/6**
Due to..... **5/6**

Other conditions..... **Fibroid tumor of uterus non malignant**
(Include pregnancy within 3 months of death)
tumor removed July 14-41

Major findings:
Of operations..... **Fibroid tumor of uterus - NO evidence of TB peritonitis**
Of autopsy..... **Tubercular Peritonitis**
PHYSICIAN **Urbane**
the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Margaret Campbell**

3. (b) If veteran, name war..... 3. (c) Social Security **488-10-7810**

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

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

7. Birth date of deceased **July 5 1900**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 2 25 hr. min.

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

10. Usual occupation **Stenographer**

11. Industry or business **St. Louis Medical Depot**

12. Name **Robert S. Campbell**

13. Birthplace **Ky. 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Jessica Wheatly**

15. Birthplace **Ill. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jessica Hardcastle**

(b) Address **3866 Russell Blvd.**

17. (a) **Removal** (b) Date thereof **10-1-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **DuQuoin Ill.**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. **OCT 1 1941** (b) **J. J. Bredack** (Registrar's signature)

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

10
17
9

R

Williston, N.D.
3:30 P.M.
The Baptist Hospital & c.

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.....

Warren A. Carver

Licensed Embalmer No.....

3534

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, fact should be so stated above.