

FILED FEB 24 1942 91

1003

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(b) County: St. Louis, MO
(c) City or town: St. Louis, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: PARKLANE HOSPITAL
(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: St. Louis
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 5873 PLYMOUTH AVE N
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: MARGARET JANE 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: WIDOW
6. (b) Name of husband or wife: WILLIAM S. CAMPBELL 6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: SEPT. 30 1866
(Month) (Day) (Year)

8. AGE: Years: 75 Months: 3 Days: 26 If less than one day: _____ hr. _____ min.

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

10. Usual occupation: AT HOME

11. Industry or business: _____

12. Name: MARTIN HENKEMEYER
13. Birthplace: GERMANY (City, town, or county) (State or foreign country)

14. Maiden name: SARAH CAMPBELL
15. Birthplace: IRELAND (City, town, or county) (State or foreign country)

16. (a) Informant: Dr. Wm. M. Campbell
(b) Address: 5893 EASTON AVE

17. (a) BURIAL (b) Date thereof: 1-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: WALNUT HILL BELLEVILLE ILL

18. (a) Signature of funeral director: L. M. Muller
(b) Address: 516 DELMAR BLVD

19. (a) JAN 28 1942 (b) J. F. Bredebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 1 day: 26
year: 1942 hour: 8:20 minute: P. M.

21. I hereby certify that I attended the deceased from: 1-23-42, 19____, to: 1-26-42, 19____;
that I last saw h.s. alive on: 1-26-42, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage left
Due to: arterio-sclerosis

Due to: _____
Other conditions: None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations: _____
Of autopsy: _____

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? _____

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

23. Signature: J. F. Bredebeck (M.D. or other) m. D.
Address: 4930 Lippell Date signed: 1-27-42

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

in St. Louis
Park Lane
1 30
PM

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 *W. G. Harris*

Licensed Embalmer No. *3384*

P. O. Address *St. Louis*

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.