

FILED FEB 3 1942

Registration District No. 789

Primary Registration District No. 101

Registrar's No. 194

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County 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 1805 Timberlake Ave.
(If outside city or town limits, write "RURAL")
(d) Street No. Wreston (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Campana

3. (b) If veteran, name war No.

3. (c) Social Security No. 493-07-3530

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

6. (b) Name of husband or wife HENRIETTA 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Sept 14, 1883
(Month) (Day) (Year)

8. AGE: Years 58 Months 4 Days 11 If less than one day hr. min.

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

10. Usual occupation Cook

11. Industry or business Restaurant

12. Name Thomas Campana

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

14. Maiden name Angelina Fossini

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

16. (a) Informant Amel Campana

(b) Address 1805 Timberlake Ave

17. (a) Burial (b) Date thereof Jan 28, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Charles J. Stuyck

(b) Address 1225 Fremont Blvd

19. (a) JAN 26 1942 (b) C. J. McHarran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25
30 year 1942 hour 9:38 minute P M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw h. _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Struck by an automobile while a pedestrian on a public highway. Duration _____

Due to Fracture 2,3,4,5 & 6 ribs left side; Frac. 3 & 4 ribs r.

Due to side; rupture of spleen; hemoperitoneum; rupture of

Other conditions diaphragm; multiple lacerations.

Major findings: Of operations _____

Of autopsy Yes

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) Accident

(b) Date of occurrence Jan. 25, 1942

(c) Where did injury occur? St. Charles & Carson Rds.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place)

While at work? _____ (e) Means of injury _____
23. Signature Forrest H. Wapp (M. D. or other) _____
Address Kirkwood, Mo. Date signed 1/26/42

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

FEB 6 1954

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 *Bernard A. J. Stuart*.....

Licensed Embalmer No. *3500*.....

P. O. Address. *1225 Union, Blvd*

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.