

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Gardenville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8149 Gravois Ave. /
(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 000
(If outside city or town limits, write "RURAL.") 17
(d) Street No. 2920a Chippewa Ave.
(If rural, give location) 9
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Margaret Campbell

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife William Campbell 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July 6th 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 11 25 hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Peter Reitmeyer

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Peters

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Burklin

(b) Address 2920a Chippewa St.

17. (a) Burial (b) Date thereof 7-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUL 3 - 1942 (b) C. S. McCharran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
year 1942 hour 11:30 minute A.M.

21. I hereby certify that I attended the deceased from June 5th 1942 to July 1st 1942
that I last saw her alive on July 1st 1942
and that death occurred on the date and hour stated above.

Immediate cause of death General
Cancer of Stomach with
Metastasis

Due to.....
Due to..... U/6th

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration

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).....
(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?

23. Signature J. Meredith (M. D. or other) 0
Address 1257 N. Kingshighway Date signed 7-2-42

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

96
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707

Dr. J. J. Meredith

1259 St. Remond's Pharmacy

70:0047

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 Remond H. Lohmann

Licensed Embalmer No. 3395

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.