

**FILED** FEB 23 1943 318

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:  
Desloge Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 1803 Alfred Ave  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Theresa 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 Married

6. (b) Name of husband or wife Claude L. Campbell 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 2 1884  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>58</u>	<u>7</u>	<u>12</u>	_____ hr. _____ min.

9. Birthplace Italy (City, town, or county) (State or foreign country) 5

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Frank Tripodi

13. Birthplace Italy (City, town, or county) (State or foreign country) 5

14. Maiden name Effimia Cutri

15. Birthplace Italy (City, town, or county) (State or foreign country) 5

16. (a) Informant Claude Campbell

(b) Address 1803 Alfred Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 16 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Petz Brothers  
3029 Lafayette Ave

(b) Address \_\_\_\_\_

19. (a) FEB 16 1943 (Date received local registrar) J. F. Bredock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14th day February year 1943 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from 9-8-1941 to 2-14-1943 that I last saw her alive on 2-12-1943 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia (terminal) Duration 4 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Metastatic carcinoma to chest (from rt. breast).

Major findings: Of operations 12 yrs ago - carcinoma of rt. breast.

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_  
23. Signature Charles F. Heroin (M. D. or other) \_\_\_\_\_  
Address 3720 W. Washington Date signed 2/15/43

Duration 4 days  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

Dr. Sherwin  
Beaumont Bldg.,  
Je. 6744

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**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 *Frank J. Owens*

Licensed Embalmer No. *3245*

P. O. Address *St. Louis Mo*

**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.