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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

6434

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

FILED JUL 24 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:  
 (a) County..... Saint Louis, Missouri.  
 (b) City or town..... Saint Louis, Missouri.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 / 3400 Magnolia 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..... (Specify whether  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State..... Missouri. (b) County.....  
 (c) City or town..... Saint Louis,  
 (If outside city or town limits, write "RURAL")  
 (d) Street No..... 3400 Magnolia Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME..... Saidee Campbell,  
 3. (b) If veteran, name war..... 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 15th  
 year 1943 hour 5:30 minute 30 P.M.  
 21. I hereby certify that I attended the deceased from 1938  
 38 to July 15, 1943  
 that I last saw her alive on July 15, 1943  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widowed.  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if  
 alive..... years  
 7. Birth date of deceased..... January 28th, 1858  
 (Month) (Day) (Year)

Immediate cause of death..... Semblance of  
 Due to.....  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

8. AGE: 85 Years 5 Months 17 Days If less than one day  
 hr. min.  
 9. Birthplace..... Unknown Missouri. O  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation House-Work

Major findings:  
 Of operations.....  
 Of autopsy.....  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER  
 11. Industry or business.....  
 12. Name..... James Porter.  
 13. Birthplace..... Unknown Missouri. O  
 (City, town, or county) (State or foreign country)  
 14. Maiden name..... Unknown  
 15. Birthplace..... Unknown 9  
 (City, town, or county) (State or foreign country)  
 16. (a) Informant..... Carolyn E. Rens  
 (b) Address..... 3400 Magnolia Ave.  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... July 17, 43.  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation..... Oak Grove Cemetery.  
 18. (a) Signature of funeral director..... Zeigener Bros.  
 (b) Address..... 6409 Gravois Ave.  
 19. (a) JUL 16 1943 (b) J. F. Buresh (Registrar's signature)

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) (e) Means of injury.....  
 23. Signature..... J. M. Russell (M. D. or other) Address..... 5705A GRAVOIS Date signed..... 7/17/43

**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.....

Licensed Embalmer No. 2270

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.**