

No. 2  
8-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNITED STATES BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29183

State File No. ....

FILED SEP 20 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7858

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Hours  
(Specify whether 4 years)

In this community 4 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 2216 N. 11th. St.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Brenda Ruth 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 single

6. (b) Name of husband or wife 0

6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased June 8th, 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

4 3 3 hr. min.

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

10. Usual occupation none

11. Industry or business 0

MOTHER FATHER { 12. Name Lester Campbell

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

14. Maiden name Mary Ruth Hadley

15. Birthplace Ill. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Lester Campbell

(b) Address 2216 N. 11th. St.

17. (a) Burial (b) Date thereof 9-14-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cemetery Hy. Leidner U. Co.

18. (a) Signature of funeral director 0

(b) Address 2223 St. Louis Ave.

19. (a) SEP 12 1944 (b) J. J. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11th.  
year 1944 hour 3:30 AM. minute 35 AM.

21. I hereby certify that I attended the deceased from 0 to 0 1944 that I last saw him 0 alive on 0 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Acute hemorrhagic infarctus with a moderate degree of cystitis

Due to 0

Due to 0

Other conditions 120  
(Include pregnancy within 3 months of death)

Major findings: Of operations 0

Of autopsy 0

Duration

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) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

23. Signature 0 (M. D. or other) 0

While at work: 0 (Specify type of place) (e) Means of injury 0

Date signed 9/14/44

(Licensed Embalmer's Statement on Reverse Side)

**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 John P. Buschko  
Licensed Embalmer No. 1674  
P. O. Address 2223 S. Green Ave

**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.**