No. 2
I—2-43
5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25495

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7744

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: St. Lukes
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 Hours (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 003

(c) City or town St Louis 1712
(If outside city or town limits, write "RURAL")

(d) Street No. Forest Park Hotel - 9
(If rural, give location)
4910 West Pine St.

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edith G. 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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 3 (Day) 1846 (Year)

8. AGE: Years 79 Months 4 Days 29 If less than one day hr. min.

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

10. Usual occupation School Teacher Retired

11. Industry or business

FATHER
12. Name Percy Campbell
13. Birthplace (City, town, or county) U.K. (State or foreign country)

MOTHER
14. Maiden name McClure
15. Birthplace (City, town, or county) U.K. (State or foreign country)

16. (a) Informant Miss Isabell McGrath
(b) Address 5949 Oakhurst

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Cullen Kelly
(b) Address 4386 Lindell

19. (a) SEP 4 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1 year 1945 hour 3:00 minute 10 M.

21. I hereby certify that I attended the deceased from May 15, 1945, to Sept 1st, 1945 that I last saw her alive on Aug 31, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of rectum — Duration 1 year

Due to 46

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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

23. Signature Samuel B. Grant (M. D. or other) MD
Address 114 N. Taylor Date signed 9/1/45

(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 Albert M. Thompson Jr

Licensed Embalmer No. 42137

P. O. Address St Louis

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.