

S. No. 2
M-5-43
v. 5-17-39
I X38571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25107**
Registrar's No. **6488**

Registration District No. **318**

Primary Registration District No. **1003**

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

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:
5904 Cates 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..... 000

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

(d) Street No. 54 Vandeventer Pl.
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country..... (Yes or No) 17
199

3. (a) PRINT FULL NAME Sarah Bryson 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, widowed

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

7. Birth date of deceased Nov. 7 1874
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1946 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Sept 25
21 1932 19..... to July 22 1946
that I last saw her alive on June 1 1946
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>8</u>	<u>15</u>	hr. min.

Immediate cause of death arteriosclerotic heart disease Duration 7-14 yrs

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

10. Usual occupation Housewife

Due to.....

Due to.....

Other conditions Parkinsons disease
(include pregnancy within 3 months of death)

11. Industry or business.....

12. Name John P. Bryson

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

14. Maiden name Sarah Winter
(City, town, or county) (State or foreign country)

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

PHYSICIAN

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

16. (a) Informant Given Campbell Jr.

(b) Address 54 Vandeventer Pl.

17. (a) Burial (b) Date thereof 7-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

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?.....

18. (a) Signature of funeral director Drehmann-Harrel

(b) Address 1905 Union Blvd.

19. (a) JUL 23 1946 (b) J. F. Biedeck
(Date received local registrar) (Registrar's signature)

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

23. Signature Samuel S. Grant (M. D. or other)
Address 44 N Taylor Ave Date signed 7/23/46

Dr. Sam Grant, (Je. 8600)
114 N. Taylor Ave.

1:30 to 4:30

AUG 30 1946

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 Warren A. Carver
- Licensed Embalmer No. 353x

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.