

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

Registration District No. **1318**

Primary Registration District No. **1003**

Registrar's No. **556**

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

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**  
(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Louis City Hospital-Max C. Starkloff Memorial**  
(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)

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. **2611 Natural Bridge Blvd.** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME **ESTELLE CAMPBELL**

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex **Female** 5. Color or race **White** 6. (a) ~~Married~~ **Divorced**

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Birth date of deceased **December 25th 1899**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**47** ..... **21** hr. .... min.

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

10. Usual occupation **Clerk-Jefferson Barracks**

11. Industry or business .....

MOTHER FATHER

12. Name **Charles F. Mason**

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

14. Maiden name **Arzella Akins**

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

16. (a) Informant **Arzella Mason (Mother)**

(b) Address **2611 Nat'l Bridge Blvd.**

17. (a) **Burial** (b) Date thereof **Jan. 20th 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Lawn Cemetery**

18. (a) Signature of funeral director **Calvin F. Feutz**

(b) Address **4828 Natural Bridge Blvd.**

19. (a) **JAN 17 1947** (b) **J. F. Biedeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **16th**  
year **1947** hour **2:04** minute **P** M.  
21. I hereby certify that I attended the deceased from **1/14/47** to **1/16/47**, 19....., to **1/16/47**, 19....., that I last saw her alive on **1/16/47**, 19....., and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the breast**  
Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Duration

PHYSICIAN

Major findings:  
Of operations .....  
Of autopsy .....

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? .....

While at work? (Specify type of place) ..... (e) Means of injury .....  
23. Signature **M. W. J. G. Ornelis** or other) .....  
Address **1515 Lafayette** Date signed **1/16/47**

MAY 19 1947

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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 John A. Mlinar  
Licensed Embalmer No. 4186  
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.**