FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 23 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27572 7389

Registration District No. 318 Primary Registration District No. 1005 Registrar's No.

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 5539 Maffitt Avenue. (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 5539 Maffitt Avenue (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME KATHERINE 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 John J. Campbell

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

7. Birth date of deceased January 9th 1886 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	7	14	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name David Ahearn

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

14. Maiden name Ellen Maloney

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

16. (a) Informant Mrs. Mary Cellermann-Daughter

(b) Address 5539 Maffitt Avenue.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-25-48 (Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers.

(b) Address 2849 North Euclid Avenue.

19. (a) AUG 23 1948 (Date received by local registrar) (b) J. F. Bredenkamp (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month AUGUST day 23rd year 1948 hour 4 A.M. minute M.

21. I hereby certify that I attended the deceased from August 1st, 1946 to Aug 23, 1948 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Chronic Myocarditis	
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 Carl Cellermann M.D. (Attending physician or coroner)

Address 4126 Delmar Date signed 8-25-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Carl Linderman
Shreve & Lee

Ev. 7140 or Ca. 6648

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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.