

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **27573**
Registrar's No. **7601**Registration District No. **318**Primary Registration District No. **1003**

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: **2808a Papin**
(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)

3. (a) PRINT FULL NAME **Martha Campbell**3. (b) If veteran,
name war _____

3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **John Campbell** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 15, 1889**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 **3** **12** hr. min.

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

10. Usual occupation **Day work (domestic)**

11. Industry or business _____

12. Name **Silas Hargett**
13. Birthplace **N. Carolina**
(City, town, or county) (State or foreign country)

14. Maiden name **Hester**
15. Birthplace **La.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth Woods Smith**
(b) Address **2808a Papin Street**

17. (a) **Burial** (b) Date thereof **9-1-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery**

18. (a) Signature of funeral director **Russell Und., Co.**
(b) Address **2732 Pine Boulevard**

19. (a) **Aug 30 1948** (b) **J. F. Bredesh**
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **600**
(c) City or town **St. Louis** 17
(If outside city or town limits, write "RURAL")
(d) Street No. **2808a Papin** 9
(If rural, give location) 0
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **27**
year **1948** hour **5** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Aug 25**
1948, to **Aug 27**, 1948
that I last saw her alive on **Aug 27**, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Pulmonary Carcinoma
Due to **Cancer of uterus** **unk.**
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?

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

23. Signature **P. H. Wood** (M. D. or other) **me**
Address **4448 E. 11th** Date signed **9/28/48**

(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.....

C. Clark Young

Licensed Embalmer No.....

3376

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.