S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30894

FILED SEP 20 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7855

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

1. PLACE OF DEATH:
(a) County
(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: 1939 a Sullivan (rear) (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 17
(c) City or town St. Louis 9 (If outside city or town limits, write "RURAL") 0
(d) Street No. 1939 a Sullivan (Rear) (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Caroline Campbell
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife James Campbell
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased February (Month) 2 (Day) 1883 (Year)

8. AGE: Years 65 Months 7 Days 4 If less than one day hr. min.

9. Birthplace St. Louis, Mo (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business John Dussold
FATHER
12. Name John Dussold
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Roettger
15. Birthplace St. Louis, Mo (City, town, or county) (State or foreign country)
16. (a) Informant James Campbell
(b) Address 1939 a Sullivan
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem
18. (a) Signature of funeral director Edw Koch + Son
(b) Address 3516 N 14th
19. (a) 9-7-48 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 year 1948 hour minute 1:30 A.M.
21. I hereby certify that I attended the deceased from 9-4-48, 19, to 19; that I last saw her alive on 9-4-48, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to
Due to None
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration: Dont Know.

PHYSICIAN
Underline the cause of 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 Walter H. Goeneman M.D. (Name of officer)
Address 1506 So Lane Date signed 9-7-48

Jefferson City Printing Co. (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 J. Allen Davis Jr.

Licensed Embalmer No. 4053

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.