No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41336

FILED JAN 11 1949

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10892

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: 1229 Amherst Place
(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 Missouri (b) County

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

(d) Street No. 1229 Amherst Place
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EVA ELIZABETH CAMPBELL

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Hamilton L. Campbell

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

7. Birth date of deceased September 29, 1863
(Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Randolph County (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Morrow
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Marilla Thompson
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Miss. Genevieve Campbell
(b) Address 1229 Amherst Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 17, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Marissa Illinois

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue,

19. (a) DEC 17 1948 (Date received local registrar) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15, 1948
year hour 6:10 minute P M.

21. I hereby certify that I attended the deceased from April 26, 1946 to December 15, 1948
that I last saw her alive on December 15, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Arteriosclerosis

Due to Age & probably hypertensive cardiovascular renal

Other conditions Residual right hemiplegia, Arthritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 1946 — 10 yrs +

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following: hc

(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 Fred W. Clark (M. D. or other) M.D.
Address 864 Hamilton Blvd. St. Louis 12, Mo. Date signed 12-16-48

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 Gustav W. Dietel

Licensed Embalmer No. 4329

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.