

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14414

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 698

| | | | |
|---|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis Co Mo</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis,</u> | |
| c. LENGTH OF STAY (in this place) <u>5</u> | | d. STREET ADDRESS (If rural, give location) <u>4646 W. Florissant ave</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mother of Good Counsel Home</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>R.</u> c. (Last) <u>Campbell</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 21 1949</u> |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u> | 8. DATE OF BIRTH <u>June 27, 1861</u> |
| 9. AGE (In years last birthday) <u>87</u> | | IF UNDER 1 YEAR (Month) (Day) <u>8 24</u> | IF UNDER 24 HRS. (Hour) (Min.) |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | 11. BIRTHPLACE (State or foreign country) <u>Poseyville, Indiana</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>John Coleman Rutledge</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Polly Ann Stewart</u> | | 14. NAME OF HUSBAND OR WIFE <u>Edward E. Campbell</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stewart Campbell 4646 W. Florissant ave</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio - Vascular - Renal disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Diets - Conditions</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>44 2 X</u> DUE TO (c) <u>Inanition -</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diets, dementia, Died in home of inoperable</u> | |
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? <u>2</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>May 20 / 1948</u> , to <u>March 17</u> , 1949, that I last saw the deceased alive on <u>March 17</u> , 1949, and that death occurred at <u>2:50 P. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Lucretia B. Simon, M.D.</u> | | 23b. ADDRESS <u>3734 Jennings Rd</u> | |
| 23c. DATE SIGNED <u>3/22/49</u> | | 24. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u> | | 24b. DATE <u>Mar. 23, 1949</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u> | | 24d. LOCATION (City, town, or county) (State) <u>7600 St. Charles Rd Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>3-23-49</u> | | REGISTRAR'S SIGNATURE <u>Thurmond L. Linn</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Kou L & U. Co.</u> | | ADDRESS <u>2707 N. Grand St. St. Louis</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Stanley H. Dixon

Signed.....
Student Embalmer

Licensed Embalmer No. 4193

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.