N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8358
Do not use this space.

REC'D APR 12 1939

791
1003
2123

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis, Mo.
Registration District No.
Primary Registration District No.
Registered No.
(d) Street No. City Sanitarium St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Isabel Campbell
(a) Residence, No. 5219 Enright St. 12
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

514

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female ~~White~~
4. COLOR OR RACE White ~~Female~~
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Campbell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1871

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
About 68 yrs			

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri 0 0

FATHER
13. NAME John Whitworth 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri 9

MOTHER
15. MAIDEN NAME Drusilla Long
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT H. Gehrand, M.D.
(ADDRESS) 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ironton, Mo. DATE Mar 2 1939

19. FUNERAL DIRECTOR (NAME) Fred M. Williams
(ADDRESS) 4535 Washington Blvd.

20. FILED MAR 6 1939 J. B. Bruck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-1-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-27-39, 19..., to 3-1-39, 19...
I last saw h...er alive on 3-1-39, 19... Death is said to have occurred on the date stated above, at 3:00 m. P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis with Uremia 2-27-39x

Date of onset

Other contributory causes of importance:
Arteriosclerotic Heart Disease
Severe Anemia 2-27-39

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. Gehrand, M. D.
(Address) 5400 Arsenal

Licensed Embalmer's Statement on Reverse Side)

2123

2123

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. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address .....

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

If this body is not embalmed, above space should be left blank.