

FILED OCT 18 1941

Registration District No. 701

Primary Registration District No. 1003

Registrar's No. 7375

1. PLACE OF DEATH:

(a) County St. Louis Mo  
(b) City or town (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 0 (Specify whether  
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison 999  
(c) City or town Roxana N.R. 11  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. 220 Walnut St.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 10  
year 41 hour 7 minute 25 P. M.

21. I hereby certify that I attended the deceased from July 31  
1941 to September 10 1941;  
that I last saw her alive on September 10 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation - azotemic

Due to Arteriosclerotic Heart Disease and Chronic glomerulonephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131  
Of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Martha Frances Campbell

3. (b) If veteran, name war No. 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 Unknown 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 1 1889 (Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 9 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name James Watson

13. Birthplace Tenn. (City, town, or county) (State or foreign country)

14. Maiden name Unknown 9 (City, town, or county) (State or foreign country)

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant O. J. Campbell

(b) Address Grafton, Ill.

17. (a) Removal (b) Date thereof 9/12/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jerseyville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave. SEP 12 1941

19. (a) (b) J. Buebeck (Date received local registrar) (Registrar's signature)

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 Harold M. Culler (M. D. or other) Address BARNES HOSPITAL Date signed 9-10-41

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

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**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 Albert S. Hoppe

Licensed Embalmer No. 2991

P. O. Address.....

**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.**