

69044
S. No. 2
M-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33229

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8184

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether years, months or days)
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. 3707 Olive St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Kathryn 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 Married
6. (b) Name of husband or wife Donald 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased June 2 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 4 11hr.min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Charles LeRitz
13. Birthplace France 5
(City, town, or county) (State or foreign country)
14. Maiden name Maude Resheur
15. Birthplace France 5
(City, town, or county) (State or foreign country)

16. (a) Informant Donald Campbell
(b) Address 3707 Olive St.

17. (a) Removal (b) Date thereof 10/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) OCT 14 1941 (b) J. F. Budeck
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13, year 1941 hour 5:55 minute P. M.

21. I hereby certify that I attended the deceased from October 10, 1941 to October 13, 1941
that I last saw him or alive on October 13, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Cervix Duration
Due to Syphilis
Due to.....
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations H/S
Of autopsy.....

PHYSICIAN

Underline the cause to 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?

While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature W. S. [unclear] (M. D. or other) 10/14/41
Address 1515 Lafayette Avenue

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

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 G. Hoppe

Licensed Embalmer No.....

2971

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.