

S. No. 2  
M-5-42  
7-5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31804

State File No. ....

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9154**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **BERNARD SKIN & CANCER Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **42 years** (Specify whether years, months or days)  
In this community **42 years**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")  
(d) Street No. **3421 Washington Blvd** (If rural, give location)  
(e) Citizen of foreign country? **yes** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Lucinda Campbell**

3. (b) If veteran, name war..... 3. (c) Social Security No. **NONE**

4. Sex **female** 5. Color **negro** 6. (a) Single, widowed, married, divorced **Widowed**  
race **colored** 2

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

7. Birth date of deceased **About 1865**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<b>Abt. 77</b>	<b>-</b>	<b>-</b>	<b>-</b>	hr. min.

9. Birthplace **CALADONIA, MO.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **MAID**

11. Industry or business.....

12. Name **UNKNOWN**

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

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

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

16. (a) Informant **STAFF BERNARD S&C Hosp.**

(b) Address **3421 Washington Ave**

17. (a) **BURIAL** (b) Date thereof **11-4-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Bessie Love**

(b) Address **3103 Washington Ave**

19. (a) **NOV 3 1942** (b) **J. F. Mudest**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **First**  
year **1942** hour **9:00** minute **A** M.

21. I hereby certify that I attended the deceased from **July**  
19**40** to **Nov. 1st** 19**42**  
that I last saw her alive on **Nov. 1st** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Tracheal obstruction from pyogenic tumor,**  
Due to **left neck tumor extend-**  
**ing into chest**

Due to **thyroid adenoma**  
**in mediastinum**  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **none**  
Of autopsy **none**

Duration  
10 yrs.  
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) (g) Means of injury.....

23. Signature **D. J. Verdo** (M. D. or other)  
Address **Bernard Skin & Cancer** Date signed **11-2-42**

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

MOTHER FATHER

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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.....

*William Claude Gordon*

Licensed Embalmer No.....

*3489*

P. O. Address.....

*2649 Delmar*

**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.**