

FILED JAN - 5 1943 318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5001 N. 20th St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether \_\_\_\_\_)  
In this community Unknown  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 28  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC, day 25  
year 1942 hour 2 minute 00 M.  
21. I hereby certify that I attended the deceased from 20 Dec 1942 to 25 Dec 1942  
that I last saw him alive on Dec 25, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis  
Duration 3 1/2 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_

23. Signature: J. J. [unclear] (Specify type of face) \_\_\_\_\_  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
Address: 4119 W. [unclear] Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME Annie A. Campbell

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife James R. Campbell 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 17, 1863  
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name John McInerney

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

14. Maiden name Mary Costello

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

16. (a) Informant Mrs Florence Damhorst

(b) Address 5001 N. 20th. St.

17. (a) Burial (b) Date thereof 12/27/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cuba, Missouri

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) DEC 27 1942 (b) G. J. [unclear]  
(Date received local registrar) (Registrar's signature)

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

*submit*

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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..... *F. A. Williamson* .....

Licensed Embalmer No. *3565* .....

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.**