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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 4 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39609

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 11692

1. PLACE OF DEATH: St Louis
(a) County
(b) City or town Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1403a No 9 St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State St Louis (b) County 17
(c) City or town Mo 9 25
(If outside city or town limits, write "RURAL")
(d) Street No. 1403a No 9 St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME TEVER CAMPBELL
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Fem
5. Color or race Col 3
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife George Campbell
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased 2 (Month) 27 (Day) 1893 (Year)

8. AGE: Years 50 Months 2 Days 25 If less than one day hr. min.

9. Birthplace Canton (City, town, or county) Miss 1 (State or foreign country)
10. Usual occupation House Wife
11. Industry or business None
FATHER
12. Name William Childs
13. Birthplace (City, town, or county) Alabama 1 (State or foreign country)
MOTHER
14. Maiden name Ella Nolla
15. Birthplace Canton (City, town, or county) Miss 1 (State or foreign country)
16. (a) Informant Love Jessie Taylor
(b) Address 1403a No 9 St
17. (a) Burial (Burial, cremation, or removal) (b) Date of 12 (Month) 28 (Day) 1943 (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director Moss-Vasser
(b) Address 2812 Cass Ave
19. (a) DEC 27 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 22 year 1943 hour 9:45 minute a M.
21. I hereby certify that I attended the deceased from DEC 21, 1943 to 19 ; that I last saw her alive on DEC 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis ? Duration
Due to
Due to 50
Other conditions Acute Rheumatic Fever 3 mos.
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. H. G. Clark (M. D. or other)
Address 2748a Franklin Date signed 12-23-43

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Pinson

Licensed Embalmer No. 3522

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.