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FILED APR 13 1944  
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Registration District No. .... Primary Registration District No. .... Registrar's No. 3144

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: MO. PACIFIC HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community 5 DAY'S  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST. LOUIS 18  
(c) City or town. OVERLAND  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2404 WATSON RD  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Mrs Emma Campbell

3. (b) If veteran, name war  3. (c) Social Security No.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife. CLARENCE L. 6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased. 05T 15 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 5 16 hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business.

MOTHER FATHER { 12. Name EDWARD ROTHWELL  
13. Birthplace CLAYTON MO  
(City, town, or county) (State or foreign country)  
14. Maiden name SARAH BAIBER  
15. Birthplace CLAYTON MO  
(City, town, or county) (State or foreign country)

16. (a) Informant CLARENCE L. CAMPBELL

(b) Address 2404 WATSON, RD. OVERLAND

17. (a) BURIAL (b) Date thereof 4-3-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FEE FEE SEM

18. (a) Signature of funeral director Baumann Bur

(b) Address 2504 Woodson Rd Overland

19. (a) APR 4 1944 J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31  
year 1944 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from 3-12 1944, to 3-31 1944  
that I last saw her alive on 3-31 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death. Arteriosclerotic Heart Disease  
Incarcerated umbilical hernia

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?

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Harol Steels (M. D. or other) \_\_\_\_\_  
Address Mo. Pacific Hospital Date signed 3-31-44  
St. Louis, Mo

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..... *Oscar F. Mueller* .....

Licensed Embalmer No. *3039* .....

P. O. Address *Overland Mo.* .....

**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.**