

S. No. 2
M-5-43
7. 5-17-39
b 1 X36671

FILED MAY 12 1945

Registration District No. **318** Primary Registration District No. **1003**

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:
2934 Eads Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO
In this community 21 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis

(d) Street No. C 2934 Eads Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Bertha Angeline Campbell

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William D.

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Jan. 5/ 1894
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1945 hour 12 minute 25 M.

21. I hereby certify that I attended the deceased from _____, 1942 to April 30, 1945
that I last saw her alive on April 29, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

51	3	25	hr. min.
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Immediate cause of death Sympho Sarcoma general

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Biopsy Sympho Sarcoma

Of operations _____

Of autopsy _____

Duration 2 1/2 yrs

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Randolph Co. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Willia m LAWSON

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

14. Maiden name Mary Mack

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

16. (a) Informant Virginia Klingensmith

(b) Address 2934 Eads Ave.

17. (a) Burial (b) Date thereof 5/1/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director J. W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) APP 30 1945 (Date received local registrar)

J. F. Brueck (Registrar's signature)

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 Lloyd Stent (M. D. or other)

Address Chowan Rd Date signed 4/30/45

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

L.R. Casper

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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.