

S. No. 2
OM-5-43
v. 5-17-39
I X35671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

28899
State File No. _____
Registrar's No. 8066

Registration District No. 318 Primary Registration District No. _____

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos; 18 days
Life (Specify whether
in this community
years, months or days)

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") 17 1/2
(d) Street No. 2734 Gamble
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ella Campbell
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 12
year 1945 hour 5 minute 50 AM.
21. I hereby certify that I attended the deceased from
June 25, 19 45 to September 12, 19 45
that I last saw her alive on September 12, 19 45
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Colored
6. (a) Single, widowed, married, divorced Widow
(b) Name of husband or wife Deceased (c) Age of husband or wife if
Deceased alive _____ years
7. Birth date of deceased Nov. 27, 1897
(Month) (Day) (Year)

Immediate cause of death _____
Rheumatic Heart Disease with Mitral Stenosis and Decompensation
Due to _____
Duration Unknown
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy As Above

8. AGE: Years 47 Months 9 Days 15
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Simon Brown

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

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

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

16. (a) Informant Shirley Mae Nash

(b) Address 2734 N Gamble

17. (a) Burial (b) Date thereof 9-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 111413 [Address]

19. (a) SEP 15 1945 (b) [Signature]
(Date) (Registrar's signature)

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 B. J. Murphy (M. D. examiner)
Address 2601 N Whittier St Date signed 9-13-45

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 C. J. Nash

Licensed Embalmer No. 2432

P. O. Address 111 N. 1/2 S. 7. 24

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.