No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39505

FILED NOV 26 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10668

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

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: 1103 Ohio 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 15 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1103 Ohio St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ROSE CAMPBELL

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced divorced 3

6. (b) Name of husband or wife Jessie Burton

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

7. Birth date of deceased Feb. 10, 1899
(Month) (Day) (Year)

8. AGE: Years 48 Months 9 Days 7 If less than one day hr. min.

9. Birthplace Curb, Tenn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Warner Macklin
13. Birthplace Madison County, Tenn. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name no knowledge
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Houston
(b) Address 1501 Beleglade Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/21/47
(Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Dunn Funeral Home
(b) Address 215 So. Jefferson

19. (a) NOV 20 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17
year 1947 hour 8 minute 20 A M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to 94

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 3

23. Signature Alfred Perry (M. D. or other)

Address Deputy Coroner Date signed 11/20/47

Jefferson City Printing Co.

(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 S J Gatson

Licensed Embalmer No. 2698

P. O. Address 2769 Charles

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.