

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County St. Louis  
 (b) City or town St. Louis Mo 3  
 (c) Name of hospital or institution: Mississippi River  
 (If outside city or town limits, write "RURAL" and name of township)  
 (If 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)3. (a) PRINT FULL NAME Clyde Campbell 514

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced divorced6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased October 13 1876  
(Month) (Day) (Year)8. AGE: Years 63 Months 2 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace W. Virginia  
(City, town, or county) (State or foreign country)10. Usual occupation Night Watchman

## 11. Industry or business \_\_\_\_\_

12. Name Not Know W. Virginia13. Birthplace Not Know (City, town, or county) (State or foreign country)14. Maiden name Not Know15. Birthplace Not Know  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Lora White(b) Address 321 E. Davis St.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12.27.1939  
(Month) (Day) (Year)(c) Place: burial or cremation Mount Hope Cemetery18. (a) Signature of funeral director V. J. Imbierowicz(b) Address 5401 S. Grand Blvd.19. (a) DEC 26 1939 (b) J. D. Baskin  
(If not certified local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County 1  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 231 East Davis  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24  
year 1939 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation Duration \_\_\_\_\_Dry AsphyxiationSlipped & fell from tugboat

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Of autopsy \_\_\_\_\_

Of autopsy \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident(b) Date of occurrence Dec 24 1939(c) Where did injury occur? St. Louis MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Industrially (Specify type of place)Yes (e) Means of injury fall23. Signature Deputy (M. D. or other)Address Deputy Date signed \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....

*Edward J. Bockhorst*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Edward J. Bockhorst*

Licensed Embalmer No. *2502*

P. O. Address *Clayton 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, above space should be left blank.**