No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1941

Registration District No. 7

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 829

Registrar's No. 829

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Hospital
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months (Specify whether years, months or days)

In this community 49 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 617
(If outside city or town limits, write "RURAL")

(d) Street No. 5061 Ridge Ave. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ——— 0 years.

3. (a) PRINT FULL NAME JOHN WILLIAM CAMPBELL

3. (b) If veteran, name war no

3. (c) Social Security No. 498-09-4169

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Lillian Campbell

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March (Month) 13 (Day) 1867 (Year)

8. AGE: Years 73 Months 10 Days 12 If less than one day ___ hr. ___ min.

9. Birthplace Saline County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation street car motorman

11. Industry or business —

FATHER
12. Name John T. Campbell
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Amanda Ryle
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Lillian Campbell
(b) Address 5061 Ridge Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/27/41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Alexander & Son Inc.
(b) Address 6175 Delmar Blvd.

19. (a) JAN 26 1941 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24th year 1941 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from 11-4-, 1940 to 1-24-, 1941; that I last saw him alive on 1-24-, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinomatosis	
Due to with Metastasis to lung	
Due to Primary site unknown	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 55 b
Of autopsy 55

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) 18
(b) Date of occurrence 55
(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 0

23. Signature Paul [illegible] (M. D. or other)
Address 3604 [illegible] Date signed 1-24-41

(Licensed Embalmer's Statement on Reverse Side)

301 [illegible]

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 Jos. E McCulloh

Licensed Embalmer No. 2460

P. O. Address 6170 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.