V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12473

FILED MAY 7 1942

Registration District No. 791 Primary Registration District No. 1007 Registrar's No. 3590

1. PLACE OF DEATH:

(a) County Missouri

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

(c) Name of hospital or institution: 54 Vanderenter Place
(If not 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 19 000 17

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

(d) Street No. 54 Vanderenter Place
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME GIVEN CAMPBELL

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 Married

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

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Dec (Month) 18 (Day) 1866 (Year)

8. AGE: Years 75 Months 4 Days If less than one day ..... hr. ..... min.

9. Birthplace New Orleans (City, town, or county) La (State or foreign country)

10. Usual occupation Doctor

11. Industry or business —

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

MOTHER
14. Maiden name B. Woodrow
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Sarah Campbell
(b) Address 54 Vanderenter Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23 - 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director John P. Collins & Bro. Jr. Inc.
(b) Address 928 N. Grand

19. (a) APR 23 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature) 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st year 1942 hour 8 minute 00 a.M.

21. I hereby certify that I attended the deceased from March 13, 1942 to April 21, 1942 that I last saw him alive on April 20th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration 3 wks

Due to 94

Due to 94

Other conditions 94
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 D

23. Signature Samuel B. Grant (M. D. or other) M.D.

Address 114 N. Taylor Date signed 4/22/42

(Licensed Embalmer's Statement on Reverse Side)

AUG 29 19[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.....

Licensed Embalmer No. 2971

P. O. Address.....

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.