V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11964

LED APR 19 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3307

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(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 8 mos. 19 days (Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4241 W. Finney
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Campbell

3. (b) If veteran, name war nonoe

3. (c) Social Security No. 708-16-3885

4. Sex Male

5. Color or race col

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

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

6. (c) Age of husband or wife if alive about 32 years

7. Birth date of deceased dont know (Month) (Day) (Year)

8. AGE: Years about 35 | Months | Days | If less than one day hr. min.

9. Birthplace Utica, Mississippi. (City, town, or county) (State or foreign country)

10. Usual occupation Car-painter, Pullman Shops,

11. Industry or business

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

MOTHER
14. Maiden name Susie Taylor,
15. Birthplace Mississippi (City, town, or county) (State or foreign country)

16. (a) Informant Margia Herron
(b) Address 1350 N. Garrison Ave, StLouis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem 4/9/43

18. (a) Signature of funeral director A. Houston Jr
(b) Address 2812 Thomas, StLouis, Mo.

19. (a) APR 8 1943 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4, year 1943 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from July 16, 1942 to April 4, 1943 that I last saw him alive on April 4, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	Unk.
Due to	
Due to	
Other conditions (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

23. Signature Alva Moore (M. D. or other)
Address 2601 N. Whitten Date signed 4/5/43

(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

My self, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 2266

P. O. Address 28 E. Thomas St.

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.