No. 2
—8-43
5-17-39
1 X37823

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

96
0
0

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 18 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42074

State File No. .....

Registration District No. 377 Primary Registration District No. 6076 Registrar's No. 2511

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural - Gravois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7735 Benmore - Lakewood
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 7735 Benmore - Lakewood 0
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Richard A. Campbell

3. (b) If veteran, name war .....

3. (c) Social Security No. 492-09-5724

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

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

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

7. Birth date of deceased October 24th, 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	1	11	..... hr. ..... min.

9. Birthplace St. Louis 0
(City, town, or county) (State or foreign country)

10. Usual occupation Ironworker

11. Industry or business .....

FATHER
12. Name Richard Campbell 0
13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Marsh 0
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian B. Campbell

(b) Address 7735 Benmore Ave.

17. (a) Cremation (b) Date thereof 12/8/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director J. J. Zugenheim

(b) Address 7027 Gravois Ave.

19. (a) 12/11/44 (b) E. G. McGavran M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th
year 1944 hour 3 minute 30 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 .....

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

Major findings:
Of operations .....

Of autopsy No

Duration

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 0

23. Signature [signature] M.D. (M. D. or other)

Address 601 Brentwood Blvd. Date signed 12/7/44

(Licensed Embalmer's Statement on Reverse Side)

DEC 28 1944

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 7027 Gravois

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.