

S. No. 2
M-5-43
7-5-17-39
I X38671

FILED FEB 1 1946

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")

(d) Street No. 7444 Harter Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Frederick Campbell

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17
year 1946 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from
6/27, 1945 to 1/17, 1946;
that I last saw him alive on 1/17/46 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Myrtle B. Campbell 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Jan., 25 1885
(Month) (Day) (Year)

Immediate cause of death
Acute Myocarditis
from Chl. Myoc.
Broncho pneumonia
sinusitis

Due to _____

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

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>11</u>	<u>22</u>	hr. _____ min. _____

Major findings:
Of operations none

Of autopsy none

9. Birthplace Sullivan Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Plastering Contractor

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

(a) Accident, suicide, or homicide (specify) no

(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? _____

11. Industry or business

12. Name Charles Campbell

13. Birthplace Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Martha Bennett

15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle B. Campbell

(b) Address 7444 Harter Ave.

17. (a) Burial (b) Date thereof 1-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

While at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature Charles W. Harris (M. D. or other)

Address 5298a 109e Date signed 1/18/46

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) Jan 21 1946 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2368
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

NR 3
8
1

Duration 3 days

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Albert R. Thompson Jr

Licensed Embalmer No. 04237

P. O. Address St. Louis

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.