

S. No. 2
M-2-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 17 1946
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

18258
State File No.
4173
Registrar's No.

Registration District No. 318 Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town ST. LOUIS
(c) Name of hospital or institution: Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 46 days
In this community 4 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 6115 Westminster
(e) Citizen of foreign country? No.
If yes, name country _____

3. (a) PRINT FULL NAME JAMES HENRY CAMPBELL
3. (b) If veteran, name war WORLD WAR I
3. (c) Social Security No. _____

4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 6 1898
(Month) (Day) (Year)

8. AGE: Years 47 Months 11 Days 1
If less than one day hr. _____ min. _____

9. Birthplace Bowling Green, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Wilson Motor

11. Industry or business West Palm Beach, Fla.

MOTHER FATHER { 12. Name Malcolm H. Campbell
13. Birthplace Bowling Green, Mo.
14. Maiden name Erla R. Robinson
15. Birthplace Bowling Green, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Malcolm H. Campbell
(b) Address 6115 Westminster

17. (a) Burial (b) Date thereof 5-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bowling Green, Mo.

18. (a) Signature of funeral director Alexander Sons
(b) Address 6175 Delmar

19. (a) MAY 8 1946 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 7
year 1946 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Mar 22, 1946 to May 7, 1946
that I last saw him alive on May 7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized cachexia

Due to: Carcinoma of larynx

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: None

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 J. F. Bradley (M. D. or other) _____
Address Barnes Hospital Date signed 5/7/46

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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. McCulloch
Licensed Embalmer No. 2460
P. O. Address 61758 Alameda

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.