

S. No. 2
M-2-43
7. 5-17-39
X3567

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 18259
Registrar's No. 4572

FILED MAY 31 1946

Registration District No. Primary Registration District No.

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:
227 Dover Street
(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)

3. (a) PRINT FULL NAME Thomas J. Campbell
3. (b) If veteran, name war None 3. (c) Social Security No.....

4. Sex Male 5. Color white 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife. Catherine V. Campbell 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. December 16, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 5 3 hr. min.

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

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER
12. Name. Unknown
13. Birthplace.....
14. Maiden name. Unknown
15. Birthplace.....
(City, town, or county) (State or foreign country)

16. (a) Informant. Miss Marie J. Campbell
(b) Address. 227 Dover St.

17. (a) Burial (b) Date thereof. 5-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Parklawn

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.

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

2. USUAL RESIDENCE OF DECEASED:
Missouri
(a) State..... (b) County.....
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 227 Dover St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 19 day May
year 1946 hour 4:30 minute pm M.

21. I hereby certify that I attended the deceased from 10 May
21 1946 to 19 May 1946
that I last saw him alive on 19 May 1946
and that death occurred on the date and hour stated above.

Immediate cause of death:
Coronary Thrombosis 10 May '46

Due to arterio sclerotic heart disease 1942+

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

Major findings:
Of operations.....
Of autopsy.....

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature William F. Williams M.D.
Address 3615 S. Grand Date signed 19 May 46

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

17138

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 J. Wm Bentley
Licensed Embalmer No. 3653
P. O. Address St Louis Mo

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.