

FILED JUL 3 1946
Registration District No. **318**

Primary Registration District No. **10**

Registrar's No. **5654**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days**
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Alan Campbell**

3. (b) If veteran, name war _____
3. (c) Social Security No. **4-86-18-4889**

4. Sex **Male** 2 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **FANNES CAMPBELL**
6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **4 15 1891**
(Month) (Day) (Year)

8. AGE: Years **61** Months **2** Days **9**
If less than one day _____ hr. _____ min.

9. Birthplace **UNKNOWN, MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **JANITOR**

11. Industry or business **Embassy Apartment Bldg.**

12. Name **UNKNOWN**

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

14. Maiden name **UNKNOWN**

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

16. (a) Informant **Jessie Thompson**

(b) Address **4219 N.W. COOK AVENUE**

17. (a) **BURIAL** (b) Date thereof **6-27-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WASHINGTON PARK**

18. (a) Signature of funeral director **Mary Wade**

(b) Address **4202 Franklin Ave.**

19. (a) **JUN 27 1946** (b) **J. J. Bredeck**
(Date received local registrar) (Registrar's signature)

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. **4219 N.W. COOK AVE** 9
(If not give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **24**
year **1946** hour **6** minute **30** P. M.

21. I hereby certify that I attended the deceased from **June 20** 19 **46** to **June 24** 19 **46**
that I last saw him **in** alive on **June 24** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia with Chronic Glomerulonephritis**
Duration **Undet.**

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy **No**

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 **E. B. Green** (M. D. or other) _____
Address **2601 N. Wheeler** Date signed _____

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

MOTHER FATHER

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 H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.