

No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 7 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

10037
State File No. 3132
Registrar's No.

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

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..... **St. Luke's Hospital.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State..... **MISSOURI** (b) County..... **ST. LOUIS, 96**
(c) City or town..... **CLAYTON,**
(If outside city or town limits, write "RURAL")
(d) Street No. **7537 BUCKINGHAM,**
N.R. (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **WILLIAM R. CAMPBELL.**
3. (b) If veteran, name war..... **NO**
3. (c) Social Security No. **493 - 01 - 5339**

4. Sex..... **Male**
5. Color or race..... **White**
6. (a) Single, widowed, married, divorced..... **Widowed**
6. (b) Name of husband or wife..... **ALMA BRADY CAMPBELL.**
6. (c) Age of husband or wife if alive..... **61** years
7. Birth date of deceased..... **NOVEMBER 17 1884**
(Month) (Day) (Year)

8. AGE:
Years Months Days If less than one day
63 4 11 hr. min.

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

10. Usual occupation..... **SALESMAN;**

11. Industry or business..... **ELY-WALKER D.G.CO.**

12. Name..... **WILLIAM CAMPBELL.**

13. Birthplace..... **unknown IRELAND. 4**
(City, town, or county) (State or foreign country)

14. Maiden name..... **AUGUSTA SALVETER.**

15. Birthplace..... **unknown GERMANY. 4**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Alma B. Campbell.**

(b) Address..... **7537 Buckingham,**

17. (a) **BURIAL** (b) Date thereof..... **MAR. 30, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Oak Hill Cemetery.**

18. (a) Signature of funeral director..... **C. R. Lipton & Sons.**

(b) Address..... **7233 Delmar Blvd.,**

19. (a) **MAR 31 1948** (b) **J. F. Braddock**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **March** day..... **28**
year..... **1948** hour..... **7:45** minute..... **A.** M.

21. I hereby certify that I attended the deceased from..... **Jan 15**
..... **1948**, to..... **March 28**, **1948**
that I last saw him alive on..... **Mar 27**, **1948**
and that death occurred on the date and hour stated above.
Duration..... **years.**

Immediate cause of death..... **Myocardial, Ch. glomerular**

Due to.....
Due to..... **131**

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

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause of 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..... **Lina F. Pearson** (M. D. or other) **MD**
Address..... **3720 Washington** Date signed..... **3/28/48**

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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 Clarence H. Murray
Licensed Embalmer No. 4011
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.