

No. 300  
-10-47  
5-17-39  
F I 3906

#14881  
FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JUN 28 1948  
Registration District No. 318

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

20727  
State File No. 5432  
Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital - Max C. Starkloff  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
In this community Newborn (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1300 S. 14th  
Memorial 23 (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

JOHN CAMPBELL JR.,

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 11th 1948  
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business \_\_\_\_\_

12. Name John Campbell

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

14. Maiden name Ola Abbott

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

16. (a) Informant John F. Campbell, Sr.

(b) Address St. 1300 S. 14th Street

17. (a) burial (b) Date thereof 6-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) JUN 15 1948 (b) J. F. Braden  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th  
year 1948 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from 6/11/48  
to June 13th 1948  
that I last saw him alive on June 13th 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to Atelectasis of lung.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Atelectasis

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence 6-1-

(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 James T. McKinney MD 1515 Lafayette 6/17/48  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

MOTHER FATHER

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

*Not embalmed*

---

---

**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..... *C. W. Cooper*.....

Licensed Embalmer No. *3830*.....

P. O. Address.....

**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.**