

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1003
 City St. Louis Mo. (No. 5600) Kraemer St. (Word) 3504

File No. 11716
 Registered No. 3504

2. FULL NAME

Donald Campbell
 (a) Residence. No. 2418 Leffingwell St., 20 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 5 yrs. 9 mos. 22 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 7, 1921

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
5 | 9 | 23 | 0 hrs. 0 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Claude Campbell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) La.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Margaret Manneman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis Mo.
 (STATE OR COUNTRY)

14. INFORMANT Claude Campbell (Father)
 (Address) 2418 Leffingwell

15. FILED D 311 1978 May C. Starckoff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 30 1978

17. I HEREBY CERTIFY That I attended deceased from Mar 29, 1978, to Mar 30, 1978 that I last saw him alive on Mar 30, 1978, and that death occurred, on the date stated above, at 3:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Meningitis, Meningococcie

18. (duration) 0 yrs. 0 mos. 2 ds.

CONTRIBUTORY (SECONDARY)

(duration) 0 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTACTED

IF NOT AT PLACE OF DEATH, 2418 Leffingwell

DID AN OPERATION PRECEDE DEATH, No. DATE OF

WAS THERE AN AUTOPSY, No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) George H. Garrison M. D.

3/30, 1978 (Address) Isolation Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Cem DATE OF BURIAL Apr 27 1978

20. UNDERTAKER Aaron P. Hilo 2707 N. Grand ADDRESS

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

