

WHILE IN EXISTENCE, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. 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.

JUN 6 1936

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 791
1003

Township St. Louis

Primary Registration District No. St. Louis

City St. Louis (No. 12-2539)
Walter Campbell

File No. 21317
Registered No. 5528
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1243 St. Blum Ward 22
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 - 1904

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 31 7 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WPA
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francis Mo

MOTHER FATHER 13. NAME Emerg Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don Co Mo

15. MAIDEN NAME Fanny Adam

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Mo

17. INFORMANT (ADDRESS) St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Bone Terre DATE May 27, 36

19. UNDERTAKER (ADDRESS) Wacker, Helderle
2331

20. FILED MAY 26 1936 J. F. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/20/36

22. I HEREBY CERTIFY, That I attended deceased from 5/20, 1936, to 5/20/36, 1936. I last saw him alive on 5/25/36, 1936. Death is said to have occurred on the date stated above, at 129 m.

The principal cause of death and related causes of importance were as follows:
Lung Abscess (R.U.L.) Date of onset _____
non B pneumonic
cause unknown
129
Other contributory causes of importance:
Septicemia (Ciology Lung Abscess)
Pneumonia (Organism?)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Roy Greenbaum, M. D.
(Address) St. Louis

