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

Do not use this space.

FEB 8 1937

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 4106

Township ..... Primary Registration District No. 1003 Registered No. 1149

City St. Louis, Missouri (No. City Hospital No.1 St. ..... Ward)

B. 806

2. FULL NAME Geo. Campbell

(a) Residence, No. 107 North 6th St., 25 Ward. 1 (If nonresident, give city or town and State)
(Usual place of abode)

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 male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6, 1874

7. AGE 63 YEARS MONTHS DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil 999

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

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) New York 2

FATHER

13. NAME Archibald Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York 2

MOTHER

15. MAIDEN NAME Jeanette unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York 2

17. INFORMANT (ADDRESS) Hosp. Info. M.H.Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cemetery DATE Jan 26 1937

19. UNDERTAKER (ADDRESS) Craig Undertaking Co. 4468 Washington

20. FILED JAN 26 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/24/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/16/36, 19 to 1/24/37, 19

I last saw him alive on 1/24/37, 19 Death is said to have occurred on the date stated above, at 7/15p m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of prostate — Date of onset 10/1934

51

Other contributory causes of importance:

Name of operation Radon seed implantation Date of 5/22/36

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19

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) Thos W Evans, M. D.

(Address) City Hospital No.1

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.

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