

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

12492
 Do not use this space.

REC'D MAY 10 1938

1. PLACE OF DEATH

(a) County Registration District No. **1791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **4213 Maryland Ave.** St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Richard M. Campbell** **514**

(a) Residence, No. **4213 Maryland Ave.** St. **19** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 1, 1872**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 **5** **28**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Nil**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) **Delaware**

FATHER 13. NAME **John Campbell**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Delaware**

MOTHER 15. MAIDEN NAME **Jane Jonston**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Delaware**

17. INFORMANT **Lucille Campbell** (ADDRESS) **4213 Maryland**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **4/2/38**

19. FUNERAL DIRECTOR **Edith E. Ambruster** (ADDRESS) **4234 Manchester**

20. FILED **APR 1 1938** **J. D. Brudick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/29/38** . 19

22. I HEREBY CERTIFY, That I attended deceased from **March 24** 19**38** **March 29** 19**38**
 I last saw him alive on **March 29** 19**38** Death is said to have occurred on the date stated above, at **9:30** p. m.
 The principal cause of death and related causes of importance were as follows:

*Chr. Myocarditis
 Embolus of Isthm*

Date of onset

Other contributory causes of importance:

Dissecting Aneurysm

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 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) **Robert J. Farrell** M. D.
 (Address) **624 N. Union**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MAKING RESERVED FOR BINDING

U. S. D. E. 50M-7-30-37 1 X12004

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.

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck, Licensed Embalmer No. 1284

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Florenz Eynck

Licensed Embalmer No. 1284

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.)