DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D AUG 11 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23662

Registration District No. 701 | Primary Registration District No. | Registrar's No. 5935

1003

1. PLACE OF DEATH:

(a) County --------

(b) City or town

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2409a N. Sarah Street

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County -----

(c) City or town Saint Louis

(If outside city or town limits, write "RURAL")

(d) Street No. 2409a N. Sarah Street

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 514 Lubie Campbell

3. (b) If veteran, name war World War

3. (c) Social Security No. 491-16-5951

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rosie Campbell

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased March 16th, 1897 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
42	3	16	hr. min.

9. Birthplace Newport (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Tailor

11. Industry or business Contential Clothing Co.

FATHER

12. Name George W. Campbell

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

MOTHER

14. Maiden name Alice Utley

15. Birthplace Newport (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant's own signature Rosie Campbell

(b) Address 2409a N. Sarah Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/39 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Charles J. Ostertag

(b) Address 4107-09 Finney Avenue

19. (a) JUL 5 1939 (Date received local registrar) (b) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd year 1939 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from July 2nd 1939 to July 2nd, 1939 that I last saw him alive on July 2nd, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute heart Attack	
Due to Pernicious Anemia	abt. 3 wks
Due to no definite heart disease	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations No operation

" " Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Geo L Perry (M. D. or other)

Address 4352 Kennerly Avenue Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by James A. Johnson, Registered Apprentice No. ..... working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.