DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41219
10342

Registration District No. 1603 791

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None 4314 Wallace
(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 At Home

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4314 Wallace Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles E. Campbell 514

3. (b) If veteran, name war ********

3. (c) Social Security No. ******

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased November 11 1887 (Month) (Day) (Year)

8. AGE: Years 52 Months 0 Days 18 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER

12. Name James R. Campbell

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

14. Maiden name Annie McInervey

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

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

(b) Address 6969 Bancroft Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) DEC 4 1939 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

Pronounced Dead 12

20. DATE OF DEATH: Month 11 day 1 year 1939 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Alan Morgan

Due to suffering suffered on a rising Gas Heater without Vent Pipe,

Due to being turned on in

Other conditions (Include pregnancy within 3 months of death) Basement of Home

Major findings of operations Jack Jenie Anderson

Of autopsy Accidental

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) Accidental

(b) Date of occurrence Dec 1 1939

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed 12/3/39

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Frank J Owen

Licensed Embalmer No.....2245

P. O. Address.....

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

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