

WRITE PERMANENTLY, 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.

FILED OCT 25 1940

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

Do not use this space.

30516

1. PLACE OF DEATH

County 0 Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis (No. MISSOURI BAPTIST) _____ St. _____ Ward _____

File No. _____
Registered No. 7793
St. _____ Ward _____

2. FULL NAME JAMES W. CAMPBELL

(a) Residence, No. 107 N. 18th St., 21 Ward.
(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 <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Isabelle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>DEC. 14 1900</u>		
7. AGE	YEARS <u>39</u>	MONTHS <u>9</u>
	DAYS <u>1</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>CARD DEALER</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>GAMBLING HOUSE</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1940 to Sept. 15, 1940
I last saw him alive on Sept. 14, 1940 Death is said to have occurred on the date stated above, at 11:30 am.
The principal cause of death and related causes of importance were as follows:

Date of onset 9/15/40

Coronary thrombosis

Other contributory causes of importance:
Coronary arteriosclerosis 1937
Coronary thrombosis - previous 1939

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

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? No
If so, specify _____
(Signed) Truman G. Drake, M. D.
(Address) 114 N. Taylor

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ALABAMA

FATHER
13. NAME Walter CAMPBELL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

MOTHER
15. MAIDEN NAME Laura Aszelly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT Mrs James Campbell
(ADDRESS) 107 N. 18th

18. BURIAL, CREMATION, OR REMOVAL
PLACE ST. MATTHEWS, DATE SEPT. 19, 1940

19. UNDERTAKER E. J. Schurer
(ADDRESS) 3125 Lafayette Ave.

20. FILED _____ 19 _____
SEP 18 1940

Registrar J. P. Proctor

787750

jos Bollmer

Li no 4014

3125 Lafayette ave

St Louis mo