

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH33567
State File No. _____
Registrar's No. 8264Registration District No. 791Primary Registration District No. 1003

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 hrs 20 min
(Specify whether
In this community 20 years
years, months or days)

3. (a) PRINT

FULL NAME Pierce Campbell

8. (b) If veteran,

name war _____

8. (c) Social Security

No. _____

4. Sex Male 5. Color or race Cal 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frances Campbell 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Jan 20 1893
(Month) (Day) (Year)

8. AGE: Years 47 Months 8 Days 11 If less than one day
hr. _____ min. _____

9. Birthplace Shelby (City, town, or county) Miss (State or foreign country)10. Usual occupation Plumber / helper

11. Industry or business _____

MOTHER FATHER { 12. Name Harry Campbell
13. Birthplace Shelby (City, town, or county) Miss (State or foreign country)
14. Maiden name Not known
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant's own signature Frances Campbell(b) Address 2224 Randolph17. (a) Burial (b) Date thereof 10-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Washington Ford18. (a) Signature of funeral director J. F. Brodeur(b) Address 9625 Alhambra19. (a) OCT 4 1940 (b) J. F. Brodeur
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 22
(If outside city or town limits, write "RURAL")
(d) Street No. 2224 Randolph
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1
year 1940 hour 11:10 minute _____ P. M.21. I hereby certify that I attended the deceased from
Sept 30, 1940 to October 1, 1940;
that I last saw him alive on October 1, 1940;
and that death occurred on the date and hour stated above.Immediate cause of death
Furuncle of Neck, Staph. Infection 1 mo
Septicemia S Albus, Bronchopneumonia 6 das

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy As above

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Allen C (M. D. or other) _____Address 2601 N Whittier Date signed _____

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 W. Richardson
Licensed Embalmer No. 2928
P. O. Address 2625 Glasgow

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.)

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