No. 2
1-4-41
17-39
X28390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23721

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6063

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 3½ Hrs. (Specify whether
In this community 24 years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 2137a Eugenia St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ellis C. Campbell

3. (b) If veteran, name war No

3. (c) Social Security No. 497-10-5579

4. Sex Male 2

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased April 1st. (Month) (Day) 1892 (Year)

8. AGE: Years 49 | Months 3 | Days 22 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Laborer

11. Industry or business W. P.A.

FATHER
12. Name Simms Campbell
13. Birthplace Unknown (City, town, or county) Alabama (State or foreign country)

MOTHER
14. Maiden name Elizabeth Unknown
15. Birthplace Unavailable (City, town, or county) (State or foreign country)

16. (a) Informant Minerva Campbell
(b) Address 2137a Eugenia St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation Pachutia, Mississippi

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave. St Louis, Mo.

19. (a) JUL 25 1941 (Date received local registrar) (b) J. W. Bridek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd.
year 1941 hour 11:40 minute p. M.

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

Immediate cause of death Cerebral Hemorrhage

Due to Arterio Sclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Alfred J. Perry Deputy Coroner (M. D. or other)
Address 1300 Clark Ave. Date signed 7/25/41

(Licensed Embalmer's Statement on Reverse Side)

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.