S. No. 2
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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. 19436

FILED JUL 20 1942

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 5915

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 Phillips D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St Louis (If outside city or town limits, write "RURAL") 18000 in 9
(d) Street No. 3116 Clark (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Joseph C. Campbell
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Simarah Campbell
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Dec. (Month) 25 (Day) 1872 (Year)

8. AGE: Years 69 | Months 6 | Days 13 | If less than one day hr. min.

9. Birthplace Georgetown (City, town, or county) Ky (State or foreign country)
10. Usual occupation Minister
11. Industry or business Free will Methodist
12. Name Berry Campbell
13. Birthplace Ky (City, town, or county) (State or foreign country)
14. Maiden name Mary Gregg
15. Birthplace Ky (City, town, or county) (State or foreign country)
16. (a) Informant Simarah Campbell
(b) Address St Louis
17. (a) Est Home (Burial, cremation, or removal) (b) Date thereof July 11-42 (Month) (Day) (Year)
(c) Place: burial cremation St. Louis Mo
18. (a) Signature of funeral director Wm E. Dolfen
(b) Address St Louis Mo
19. (a) JUL 13 1942 (Date received by local registrar) (b) J. B. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th year 1942 hour 5:50 minute A 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 Lobar Pneumonia: Amputation of right arm; as a result of infection of middle finger of rt. hand, when it was crushed while moving an organ from the basement of his home to living quarters upstairs, on June 18th, 1942, exact time unknown.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Duration

Major findings:
Of operations
Or 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) Accident 000
(b) Date of occurrence June 18th, 1942
(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? In Home (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed 7/13/42

(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 me

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

working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

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, fact should be so stated above.