

No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25734
State File No.

FILED SEP 1 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7126

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town Ellisville
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank Bryan Campbell
3. (b) If veteran, name war. 770
3. (c) Social Security No. 770

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 23
year 1942 hour 40 minute 40 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.

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death _____
Tuberculosis
Due to _____
Syphilis
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

7. Birth date of deceased Aug. 25 1870
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
71 11 28 hr. min.

Major findings:
Of operations _____
Of autopsy refused
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Nashville Tenn. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Watchman Retired

MOTHER FATHER {
11. Industry or business _____
12. Name William H. Campbell
13. Birthplace Nashville Tenn. 1
(City, town, or county) (State or foreign country)
14. Maiden name Martha Hayes
15. Birthplace Nashville Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Klussen
(b) Address 1126 N. 8th St.
17. (a) Burial (b) Date thereof 8-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews Cem.

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? _____

18. (a) Signature of funeral director with Bro. & Wls
(b) Address AUG 25 1942 512 Jefferson Av.
19. (a) AUG 25 1942 (b) J. F. Orwick
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Louis S. Hendry, M.D. (M.D. or other)
Address _____ Date signed _____

844 (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.....
Paul A. Shanklin....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Paul A. Shanklin*.....
Licensed Embalmer No. *3472*
P. O. Address.....*292980 Jefferson*.....

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.