S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 21 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31803

Primary Registration District No. 1003

Registrar's No. 8356

1. PLACE OF DEATH:

(a) County: St. Louis, Mo

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: Same

(a) State: Illinois (b) County: Perry

(c) City or town: Marrissa, (If outside city or town limits, write "RURAL") RR

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) L

If yes, name country

3. (a) PRINT FULL NAME: Joseph Arkell Campbell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Male

5. Color or race: Wh

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

6. (b) Name of husband or wife: Dixie Campbell

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

7. Birth date of deceased: Aug. (Month) 15th (Day) 1882 (Year)

8. AGE: Years 60 | Months 1 | Days 21 | If less than one day hr. min.

9. Birthplace: Marrissa, Ill. (City, town, or county) / (State or foreign country)

10. Usual occupation: Physician

11. Industry or business

MOTHER FATHER

12. Name: Joseph Marion Campbell

13. Birthplace: Perry County, Ill. (City, town, or county) / (State or foreign country)

14. Maiden name: Letitia Wilson

15. Birthplace: Perry County, Ill. (City, town, or county) / (State or foreign country)

16. (a) Informant: Dixie Campbell

(b) Address: Marrissa, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10-8-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Marrissa, Ill.

18. (a) Signature of funeral director: Albert H. Hoppe Inc.

(b) Address: 4700 Washington Blvd.

19. (a) OCT 8 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6 year 1942 hour 4 minute 5 p.M.

21. I hereby certify that I attended the deceased from October 3, 1942 to October 6, 1942 that I last saw him alive on 10 ct 6, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Brain tumor (cerebral) (malignant)	3-4 mo.
Due to: ?	
Due to: ?	
Other conditions (Include pregnancy within 3 months of death): peptic ulcer	

Major findings: Of operations: Brain tumor, cerebral

Of autopsy: Brain tumor, Peptic ulcer.

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: F. R. Bradley (M. D.)

Address: BARNES HOSPITAL Date signed 10-7-42

(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.....

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

working under my personal supervision.

Signed Albert L. Hoffe

Licensed Embalmer No. 2971

P. O. Address.....

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.