

FILED NOV 16 1942

Registration District No.

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community 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. 4118 Ashland Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Michael Campbell

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, or widower

6. (b) Name of husband or wife Julia Morley 6. (c) Age of husband or wife if

7. Birth date of deceased November 11 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 25 If less than one day hr. min.

9. Birthplace Potosi Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Undertaker

11. Industry or business Retired

12. Name Michael Campbell

13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Hanlon

15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Paul E. Campbell

(b) Address 4118 Ashland Ave.

17. (a) Burial (b) Date thereof 11-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) NOV 7 1942 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6
year 1942 hour 3 minute 26 a. M.

21. I hereby certify that I attended the deceased from Oct. 30 1942 to Nov. 5 1942
that I last saw him alive on Nov. 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Coronary

Due to 1. Arterio-sclerosis
2. Embolus of rt. leg. vein
Due to 3. Sepsis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1. Arterio-sclerosis
2. Embolus of rt. leg. vein
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. M. Morley (M. D.)
Address 5633 Fair Ave. Date signed 4/6/42

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.....

Fred Trick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.