S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4011

State File No.

FILED MAR 2 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1783

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:
St Marys Infirmery 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1Week (Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St Louis 9 11
(If outside city or town limits, write "RURAL")

(d) Street No. 3951 Evans Ave
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM CAMPBELL

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race 2 Negro

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

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

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased september (Month) 9th (Day) 1884 (Year)

8. AGE: Years 68 Months 5 Days 12 If less than one day hr. min.

9. Birthplace Elton (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Yard Man

11. Industry or business Private Family

FATHER
12. Name Richard Campbell
13. Birthplace Elton (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Sallie Johnson
15. Birthplace Elton (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Marcella Campbell
(b) Address 3951 Evans Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C.W.Roberts
(b) Address 3035 Lucas Ave

19. (a) FEB 23 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21
year 43 hour 3 minute 15 A M.

21. I hereby certify that I attended the deceased from Feb. 14, 1943, to Feb. 21, 1943
that I last saw h alive on Feb. 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death I
Mesenteric Thrombosis

Due to Hypertension

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 W. Albright 0 (M. D. or other)
Address 2316 market Date signed

(Licensed Embalmer's Statement on Reverse Side)

DEC 29 1945

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 William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.