

V. S. No. 2
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 5-17-39
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19459

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 8 1945 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5928

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4272 A. Flad Avenue /
(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: 000

(a) State..... Missouri (b) County..... 17

(c) City or town..... St. Louis, 9 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4272 A. Flad Avenue
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 1

3. (a) PRINT FULL NAME..... WILBUR R. CAMPBELL

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... June day..... 27
 year..... 1943 hour..... 12 minute..... 30 A. M.

4. Sex..... Male 5. Color or race..... White

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

6. (b) Name of husband or wife..... Elma E. Campbell 6. (c) Age of husband or wife if alive..... 55 years

7. Birth date of deceased..... February 28 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1943 to June 27 1943
 that I last saw him alive on June 26 1943
 and that death occurred on the date and last stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>3</u>	<u>29</u>hr.min.

Immediate cause of death..... Coronary Haemorrhage

Due to.....

Due to.....

9. Birthplace..... Maringo Iowa
(City, town, or county) (State or foreign country)

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....

10. Usual occupation..... Retired Salesman
Buick Automobile Co

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

11. Industry or business.....

12. Name..... Thadis Campbell

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

14. Maiden name..... Henrietta Rowell

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

23. Signature..... W. J. Robert (M. D. or other)
 Address..... 1905 South Grand Blvd. Date signed..... Yes

16. (a) Informant..... Elma E. Campbell

(b) Address..... 4272 A. Flad Avenue

17. (a) Burial (b) Date thereof..... June 29, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Council Bluffs Iowa

18. (a) Signature of funeral director..... Wm. J. Robert

(b) Address..... 1905 South Grand Blvd.

19. (a) JUN 28 1945 (b) J. F. Bradick
(Date received local registrar) (Registrar's signature)

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 J. Lyons
Licensed Embalmer No. 4319
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.