S. No. 2
M—2-43
5-17639
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22356

State File No.

Registration District No. 317 | Primary Registration District No. ~~1076~~ 3069 | Registrar's No. 1568

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town ~~Jennings Mo.~~ CLAYTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days (Specify whether years, months or days)
In this community Life Time

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Jennings Mo. 91
(If outside city or town limits, write "RURAL")
(d) Street No. 2500 Mary Ave. 6
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country #

3. (a) PRINT FULL NAME Harry C. Campbell
3. (b) If veteran, name war None
3. (c) Social Security No. 488-12-7808
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 20, 1884 (Month) (Day) (Year)
8. AGE: Years 59 | Months 5 | Days 13 | If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation Retired Laborer
11. Industry or business
MOTHER FATHER
12. Name William H. Campbell
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)
14. Maiden name Anna Scott
15. Birthplace (City, town, or county) Ohio 1 (State or foreign country)
16. (a) Informant Mrs. Edw. Cady
(b) Address 2500 Mary Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Cemetery
18. (a) Signature of funeral director Stroot Carroll
(b) Address 4600 Natural Bridge
19. (a) JUL 9 1943 (Date received by registrar) (b) C. D. McGarry M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1943 hour minute 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.

Immediate cause of death	Duration
uremia	1 wk
Due to Ca of bladder	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

JUL 23 1943

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 Frank H. Stout

Licensed Embalmer No. 2265

P. O. Address 46th & Bridge

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.