. S. No. 2
DM—8-43
v. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 35729

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 9789

**1. PLACE OF DEATH:**

(a) County

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

(c) Name of hospital or institution:
Jewish Hosp
(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 30 Yrs

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County

(c) City or town 4982 Mardell Ave St. Louis Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 4982 Mardell Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles Fred Campbell

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Hattie

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May (Month) 23 (Day) 1876 (Year)

8. AGE: Years 68 Months 5 Days ~~19~~ 3 If less than one day hr. min.

9. Birthplace Lincoln County Mo (City, town, or county) (State or foreign country)

10. Usual occupation Collector

11. Industry or business Internal Revenue

MOTHER FATHER

12. Name John W Campbell

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

14. Maiden name Kate Sitton

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

16. (a) Informant E W Campbell

(b) Address 4982 Mardell Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 18 (Day) 44 (Year)

(c) Place: burial or cremation VALHALLA CEM

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 So. Kingshighway

19. (a) NOV 18 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 16 year 1944 hour 1.30 AM minute M.

21. I hereby certify that I attended the deceased from Feb 66, 1942 to Nov. 16, 1944 that I last saw him alive on Nov. 15, 1944 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral embolus | 4 days |
| Due to: Hypertension + arterio-sclerotic heart dis | 2½ yrs + |
| Due to: Hemiplegia | |
| Other conditions (Include pregnancy within 3 months of death): auricular fibrillation | 17 mo |

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 Llewellyn Sale (M. D. or other)

Address 4500 Olive (8) Date signed 11/17/44

(Licensed Embalmer's Statement on Reverse Side)

Dr Sales 4500 Olive st

Po 2757 Sr
or
Pa 8883 Jr

**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 Edwin D McDermo

Licensed Embalmer No. 3024

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.**