. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
#12982

FILED MAR 9 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4059

Primary Registration District No. 1003

Registrar's No. 1648

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: St. Louis City Hospital Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St Louis 425
(If outside city or town limits, write "RURAL")

(d) Street No. 107 No Sixth St
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Z. James Campbell

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex M 0

5. Color or race W

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 Dec. 25th, 1878 (Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 20 If less than one day hr. min.

9. Birthplace Unknown Pennsylvania 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Laborer

11. Industry or business

FATHER
12. Name John Campbell
13. Birthplace Unknown Scotland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Unknown
15. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Campbell
(b) Address 2325 E. Grand Blvd. Detroit, Mich

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director: Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) 2/19/45 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15. year 1945 hour 11:00 minute 15 PM.

21. I hereby certify that I attended the deceased from February 2, 1945 to February 15, 1945 that I last saw him alive on February 15, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia - both lower lobes	10d.
Due to 133	
Due to	
Other conditions (Include pregnancy within 3 months of death) Nephritis, cholecystitis	

Major findings: Of operations Fibrosis gallbladder - Of autopsy none granted

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. Mara (M. D. or other) 0

Address 1515 Lafayette Date signed 2-16-45

FEB 19 1945

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 1861

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.