S. No. 2
DM—2-43
v. 5-17-39
X35697

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

State File No. 10508

Registration District No. FILED APR 4 1945

Primary Registration District No. 6047

Registrar's No.

1. PLACE OF DEATH:

(a) County St Charles

(b) City or town Rural Quiver
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community None
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

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

(d) Street No. 1929 Arsenal 7
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Eddie Wray Campbell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Carmen McCarrillo

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased Jan (Month) 19 (Day) 1918 (Year)

8. AGE: Years 27 Months 2 Days 1 If less than one day hr. min.

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

10. Usual occupation Laborer.

11. Industry or business

FATHER
12. Name Milton Campbell.
13. Birthplace Versailes (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Emma Ratcliff
15. Birthplace Versailes (City, town, or county) Mo (State or foreign country)

16. (a) Informant Carmen Campbell.
(b) Address 1929 Arsenal St St Louis. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Versailes, Mo

18. (a) Signature of funeral director T. E. Pitman
(b) Address Wentzville Mo.

19. (a) Mar 21/45 (Date received local registrar) (b) Kathryn S. Fenstell (Registrar's signature)

68'

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 20 day
year 1945 hour 12 AM minute 10 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
Unavoidable Auto accident
Right chest crushed
Jurys verdict at coroners
inquest

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

Coroner St Charles Co.

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) Accident

(b) Date of occurrence March, 20,1945

(c) Where did injury occur? Flint Hill St Charles, Co
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 60 (Specify type of place)
While at work? (e) Means of injury 3

23. Signature Marie Musicky Coroner (M.D. or other)
Address Wentzville Mo Date signed 11/20/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 4-9-45

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 T E Pitman

Licensed Embalmer No. 2711

P. O. Address Westville,

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.