S. No. 2
M—5-42
v. 5-17-39
I X32873

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

FILED DEC 21 1945

State File No. 38997

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10796

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
5927 Horton Pl.,
(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:

(a) State Mo. (b) County

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

(d) Street No. 5927 Horton Pl.,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Guy Llewellyn Campbell.

3. (b) If veteran, name war No

3. (c) Social Security No. 497-01-4540

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary E. Campell

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July 1, 1871.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	5	6	hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Charlie Campbell
13. Birthplace Wisconsin
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nellie Rosebrook
15. Birthplace Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary E. Campbell
(b) Address 5927 Horton Pl.,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 10/45.
(Month) (Day) (Year)
(c) Place: burial or cremation Grafton, Ill.

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) DEC 11 1945 (Date received local registrar) (b) J. F. Bussek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7
year 1945 hour 9.30 minute A.M. M.

21. I hereby certify that I attended the deceased from May, 1935 to Dec 7, 1945
that I last saw him alive on Dec 7, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Renal disease

Due to

Due to Senility

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

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)
(b) Date of occurrence None
(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 [signature] (M. D. or other) MO
Address 6425 Barton Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. P.J. Reilly
6125A Bartmer Ave.,
CA. 5187

10796

10796

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

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.