

FILED FEB 1 1946

1003

Registration District No. 318 Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Enroute to Homer G. Phillips
(If not in hospital or institution, write street number & location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

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

(d) Street No. 1912 Carr St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Andrew Campbell

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race Cal

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

6. (b) Name of husband or wife Louise Campbell

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 60 - - - hr. - min.

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

10. Usual occupation Fireman

11. Industry or business _____

MOTHER FATHER

12. Name J. Campbell

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

14. Maiden name Wentman

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

16. (a) Informant Louise Campbell

(b) Address 1912 Carr St.

17. (a) Burial (b) Date thereof 1-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director A. H. Seal

(b) Address 2726 S. Main

19. (a) JAN 24 1946 (b) J. D. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22nd day Jany.
year 1946 hour 8:20 minute P 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 Lobar Pneumonia.

Due to _____

Due to 108

Other conditions -
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____
(Specify type of place) (c) Means of injury

23. Signature Thomas F. Callahan M.D. or other _____
Address Corcoran Date signed 1-24-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2366

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.....

Vera A. Thompson....., Registered Apprentice No. *395*
working under my personal supervision.

Signed *J. D. Richardson*.....

Licensed Embalmer No. *2928*.....

P. O. Address. *City*.....

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.