

No. 2
12-45
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X47070

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED DEC 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42228
Registrar's No. 10752

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town St Louis 4 Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2703 RUTGER ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County.....
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2703 RUTGER ST
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME RICHARD T. CAMPBELL
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DEC day 14
year 1946 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from 11/2 to 12/14 1946
that I last saw him 11 alive on 12/13/46 1946
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race Wh. 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FRIEDA CAMPBELL 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased SEPT 13, 1885
(Month) (Day) (Year)

Immediate cause of death..... Duration
Chronic Myocarditis
Due to Bronchial Asthma
Due to Chronic Myocarditis
Other conditions (Include pregnancy within 3 months of death).....
Major findings: Of operations.....
Of autopsy.....

8. AGE: Years Months Days If less than one day
61 3 1 hr. min.

9. Birthplace ST LOUIS MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation GOVT. CLERK

PHYSICIAN
Underline the cause to which death should be charged statistically.
22. If death was due to external causes, fill in the following:
(c) 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?.....

MOTHER FATHER
11. Industry or business.....
12. Name ALBERT CAMPBELL
13. Birthplace N. JERSEY
(City, town or county) (State or foreign country)
14. Maiden name LILLIAN TARTAN
15. Birthplace ST LOUIS MO. 0
(City, town, or county) (State or foreign country)

16. (a) Informant FRIEDA CAMPBELL
(b) Address 2703 RUTGER ST.
17. (a) BURIAL (b) Date thereof 12/16/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation VAL HALLA CEM.
18. (a) Signature of funeral director E. J. ...
(b) Address 3125 Lafayette
19. (a) DEC 16 1946
(Date of death) (Registered signature)

While at work..... (Specify type of place) (Means of injury)
Signature Otto C. Hauser M.D. (M. D. or other)
Address 3012 Lafayette Date signed 1/14/46

(Licensed Embalmer's Statement on Reverse Side)

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

S

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 Joe B. Vallmull
Licensed Embalmer No. 11014
P. O. Address Greenville, Mo

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.