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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

State File No. 10646

Registration District No. 318

Primary Registration District No.

Registrar's No. 2612

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:
Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 11 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4138 Fairfax 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Campbell

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

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

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

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

7. Birth date of deceased Feb (Month) 17 (Day) 1902 (Year)

8. AGE: Years 45 Months 1 Days 14 If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business

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

MOTHER
14. Maiden name Fannie Hancock
15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Henrietta Campbell
(b) Address 4138 Fairfax ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 6 (Day) 1947 (Year)
(c) Place: burial or cremation Oakedale Cemetery

18. (a) Signature of funeral director Mesl Vassar
(b) Address 2812 Cass ave

19. (a) APR 5 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 1
year 1947 hour 12 minute 10 P M.

21. I hereby certify that I attended the deceased from 3-26, 1947, to 4-1, 1947;
that I last saw him alive on Apr. 1, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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 0

23. Signature Edw. B. Williams (M. D. or other)
Address 2601 N Whittier Date signed 4/2/47

(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 Theodore T. Yandell

Licensed Embalmer No. 4243

P. O. Address 127 N. Elmbro Webster Groves M

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.