V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26327

FILED AUG 43 1947

Registration District No. 6076

Primary Registration District No. 6076

Registrar's No. 1620

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

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 66 days (Specify whether years, months or days)
In this community: 37 yrs

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.: Box 502 Potosi, Missouri
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: CAMPBELL, Lawrence J.
3. (b) If veteran, name war: WW-1
3. (c) Social Security No.: 49912 3004
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Flo
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: 10/29/94 (Month) (Day) (Year)

8. AGE: Years 52 | Months 8 | Days 29 | If less than one day hr. min.

9. Birthplace: New York, N.Y. (City, town, or county) (State or foreign country)
10. Usual occupation: Salesman
11. Industry or business:

MOTHER FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Registrar, Vet. Adm. Hospital
(b) Address: Jefferson Barracks, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Potosi, Mo.
18. (a) Signature of funeral director: J. B. Boyer & Sons Und. Co.
(b) Address: Potosi, Mo.
19. (a) 7-31-47 (Date received local registrar) (b) Carl A. Schaefer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1947 hour 1: minute 30 A.M.
21. I hereby certify that I attended the deceased from May 23, 1947, 19..., to July 28, 1947, 19..., that I last saw him alive on July 28, 1947, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	Unk
Due to: Hypertensive Cardio Vascular Heart Disease, Attersclerosis, Right renal degeneration	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Autopsy performed	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): no
(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

23. Signature: L. E. Stilwell (M. D. or other)
Address: Vet. Adm. Hosp. Jeff. Brks. Mo. Date signed 7/28/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 2 1937

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 Howard C. Higginbotham, Registered Apprentice No. 53 — working under my personal supervision.

Signed C. H. Boyd

Licensed Embalmer No. 4158

P. O. Address Potosi 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.