o. 2
1/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 28914

Registrar's No. 7944

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: 1901 A S. COMPTON
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Ind

(c) City or town: ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 1901 A S. COMPTON AVE
(If rural, give location)

(e) Citizen of foreign country? (Yes or No): 17

If yes, name country

3. (a) PRINT FULL NAME: LUTHER S. CAMPBELL

3. (b) If veteran, name war: S. W. V.

3. (c) Social Security No.

4. Sex: M. C

5. Color or race: W.

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

6. (b) Name of husband or wife: MARTHA W. CAMPBELL

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

7. Birth date of deceased: MAY (Month) 20 (Day) 1877 (Year)

8. AGE: Years 70 | Months 2 | Days 29 | If less than one day: hr. min.

9. Birthplace: SEDALIA (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: NIL

11. Industry or business

MOTHER FATHER

12. Name: UNKNOWN CAMPBELL

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

14. Maiden name: UNKNOWN

15. Birthplace: UNKNOWN (City, town, or county) ? (State or foreign country)

16. (a) Informant: Mrs. Martha W. Campbell

(b) Address: 1901 A S. Compton Av

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: Aug 20 47 (Month) (Day) (Year)

(c) Place: burial or cremation: Nath. Cem. Jefferson Br.

18. (a) Signature of funeral director: E. J. Stelmer

(b) Address: 3125 Lafayette Av.

19. (a) AUG 18 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18 year 1947 hour 05 minute 20 A.M.

21. I hereby certify that I attended the deceased from 8-16-47, 19..., to 8-18-47, 19...; that I last saw him alive on 8-16-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute myocarditis	2 days
Due to: Chr. myocarditis treated by Dr A M Burd MD for a period of years for	
Due to: Hiatus Hernia Pt. in his absence from city	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: —

Of autopsy: —

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): —

(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: John B. Bryan BS MD (M. D. or other)

Address: 1716 E 39th Date signed: 8-18-47

Jefferson City Printing Co. (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 Jas B. Vollmer

Licensed Embalmer No. 4014

P. O. Address St. Louis 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.