FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18262

Registration District No. 317 | Primary Registration District No. 6076 | Registrar's No. 135-8

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks, Mo. (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: 36 Days (Specify whether years, months or days)
In this community: 36 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 19
(d) Street No.: 209 No. Jefferson Ave., (If rural, give location) 9
(e) Citizen of foreign country? - (Yes or No) 1
If yes, name country: -

3. (a) PRINT FULL NAME: CAMPBELL, David H.
3. (b) If veteran, name war: WW-1
3. (c) Social Security No.: Unk.

4. Sex: Male 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife: -
6. (c) Age of husband or wife if alive: - years
7. Birth date of deceased: August (Month) 29 (Day) 1898 (Year)

8. AGE: Years 49 | Months 8 | Days 28 | If less than one day ... hr. ... min.

9. Birthplace: Corinth, Mississippi 1 (City, town, or county) (State or foreign country)
10. Usual occupation: Waiter
11. Industry or business:
12. Name (FATHER): Henry Campbell 1
13. Birthplace: - Tennessee (City, town, or county) (State or foreign country)
14. Maiden name (MOTHER): Hattie Paden 1
15. Birthplace: - Mississippi 1 (City, town, or county) (State or foreign country)
16. (a) Informant: Registrar, VA Hospital
(b) Address: Jefferson Barracks, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6 1 48 (Month) (Day) (Year)
(c) Place: burial or cremation: National Cem
18. (a) Signature of funeral director: Peoples Und. Co.
(b) Address: 3100 Franklin Ave. St. Louis, Mo.
19. (a) 5-29-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 27 year: 1948 hour: 6:40 minute: A.M.
21. I hereby certify that I attended the deceased from April 21, 1948, to May 27, 1948 that I last saw him alive on May 27, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: LEUTIC HEART DISEASE	
Contributory cause: Central Nervous System Syphilis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 30	
Major findings: Of operations: -	
Of autopsy: No 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): None
(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? (Specify nature of injury) 0
23. Signature: L.E. Stilwell M. D.
Address: L.E. Stilwell, Jefferson Barracks, Mo. Date signed: 5/27/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

OCT 24 1957

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 Jotie Petis

Licensed Embalmer No. 4184

P. O. Address .....

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.