FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27574

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 7627

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town Caledonia 110 (If outside city or town limits, write "RURAL") 0
(d) Street No. R. R. 1 (If rural, give location) 5
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME Roscoe Campbell

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male D

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased August (Month) 3 (Day) 1904 (Year)

8. AGE: Years 44 | Months 0 | Days 26 | If less than one day hr. min.

9. Birthplace Belgrade (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business

MOTHER FATHER

12. Name Dell Campbell

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

14. Maiden name Dora Wolford

15. Birthplace Caledonia (City, town, or county) Missouri (State or foreign country)

16. (a) Informant May Campbell
(b) Address Caledonia, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/48 (Month) (Day) (Year)
(c) Place: burial or cremation Caledonia, Missouri.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,

19. (a) AUG 30 1948 (Date received local registrar) (b) J. F. Bradach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29
year 1948 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from 1943 to Aug. 29 1948
that I last saw him alive on Aug. 26 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure / Uremia	2-3 mo.
Due to: Malignant hypertension	5 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations 37
Of autopsy

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

23. Signature Geo. H. Hoppe (M. D. or other)
Address 3720 Washington Blvd. Date signed 8-30-48

(Licensed Embalmer's Statement on Reverse Side)

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

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 Gustav W. Deutsch

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.