

FILED FEB 23 1949

STANDARD CERTIFICATE OF DEATH

State File No. 6028
Registrar's No. 1235

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Announced death of Honor Child</i> | | d. STREET ADDRESS (If rural, give location) 2923 Lawton Ave. | |

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| 3. NAME OF DECEASED (Type or Print) Charles Campbell | | | 4. DATE OF DEATH (Month) 2 (Day) 7 (Year) 1949 | | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH Sept 20, 1891 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter | | 10b. KIND OF BUSINESS OR INDUSTRY | | 9. AGE (In years last birthday) 57 | |
| 11. BIRTHPLACE (State or foreign country) Little Rock, Ark. | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |

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| 13a. FATHER'S NAME Jerry Campbell | 13b. MOTHER'S MAIDEN NAME Betty Ewing | 14. NAME OF HUSBAND OR WIFE None |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ida Pinson 2923 Lawton Ave. |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cirrhosis of Liver</i> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <i>18.11.10</i> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:52 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <i>Patricia E Taylor</i> (Degree or title) <i>Council</i> | 23b. ADDRESS 1300 Clark | 23c. DATE SIGNED 2-8-49 |
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|--|-------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2/12/49 | 24c. NAME OF CEMETERY OR CREMATORY Washington Park | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo |
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| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 8 1949 <i>J.P. Pasotter</i> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.W. Roberts 1416 N. Taylor Ave. |
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WRITE PLAINLY—USING 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.....

....., Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Hulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St. Louis 13. 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.