

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6065

State File No.

318

1003

Registrar's No. 1033

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|--|----------------------------------|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | REGISTRAR'S NO. _____ | |
| 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 | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | 2109 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4243a Harris Ave | | | | d. STREET ADDRESS (If rural, give location) 10 4243a Harris Ave | | | |
| 3. NAME OF DECEASED a. (First) Malcolm | | b. (Middle) W. | | c. (Last) Campbell | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 30 1950 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Jan. 14, 1867 | | 9. AGE (In years last birthday) 83 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) London, Ont. Canada | | 12. CITIZEN OF WHAT COUNTRY? U.S. A. | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Jessie Beaton | | 14. NAME OF HUSBAND OR WIFE Kate E. Campbell | | | |
| 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. 491-14-7240 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Kate E. Campbell 4243a Harris Ave | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage (apoplexy) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertension 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. | | | | INTERVAL BETWEEN ONSET AND DEATH 3 days | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 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) 331X | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 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 Nov 7, 1949 to Jan 30, 1950 that I last saw the deceased alive on Jan 30, 1950 and that death occurred at 4:35 P.M. from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE D. Gray Allen | | | | 23b. ADDRESS 5912 S. Kings Highway | | 23c. DATE SIGNED 3-5-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 2-2-50 | | 24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery | | 24d. LOCATION (City, town, or county) (State) Lemay, Missouri | |
| DATE REC'D BY LOCAL FEB 1 1950 | | REGISTRAR'S SIGNATURE J. B. Lasater | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math. Hermann & Son, Inc. 2161 E. Fair Ave | | | |

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

Handwritten mark

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed _____

Glen W. Kay

Licensed Embalmer No. _____

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P. O. Address _____

St. Louis, Missouri

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.