

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **29304**

AUG 23 1952

318

1003

Registrar's No. **7482**

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		Registrar's No.					
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)									
a. COUNTY 0				a. STATE Missouri		b. COUNTY 2239							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri			c. LENGTH OF STAY (in this place) 12 WKS.			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis							
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 23 1721 Missouri									
3. NAME OF DECEASED (Type or Print)			a. (First) JAMES			b. (Middle) CAMPBELL			c. (Last)				
4. DATE OF DEATH			a. (Month) AUGUST			b. (Day) 5th			c. (Year) 1952				
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3		8. DATE OF BIRTH Feb. 1, 1907		9. AGE (In years last birthday) 45		10. IF UNDER 1 YEAR: Months 6 Days 4		11. IF UNDER 24 HRS. Hours 4 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY Rope Making				11. BIRTHPLACE (City and State or Foreign Country) Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Emery Campbell				13b. MOTHER'S MAIDEN NAME Fannie Adams				14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No		17. INFORMANT'S SIGNATURE OR NAME Mrs. Rose Parker, 1500 So. 14th, St. Louis		ADDRESS 1500 So. 14th, St. Louis							
18. CAUSE OF DEATH											MEDICAL CERTIFICATION		
Enter only one cause per line for (a), (b), and (c)											INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung													
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.													
II. OTHER SIGNIFICANT CONDITIONS													
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.													
DUE TO (b) _____													
DUE TO (c) _____													
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)								
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? 163X								
22. I hereby certify that I attended the deceased from 5-15-52 , 19____, to 8-5-52 , 19____, that I last saw the deceased alive on 8-5-52 , 19____, and that death occurred at 5:50P m. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Dorman Bailey M.D.					23b. ADDRESS 1515 Lafayette Avenue				23c. DATE SIGNED 8-5-52				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 7, 1952		24c. NAME OF CEMETERY OR CREMATORY Adams Cem.			24d. LOCATION (City, town, or county) (State) St. Francois County, Mo.						
DATE REC'D BY LOCAL REG. AUG 6 1952		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin Funeral Home, St. Louis, Mo.								

(Licensed Embalmer's Statement on Reverse Side)

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

300
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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

H. G. Harris

Licensed Embalmer No. 3384

P. O. Address 2301 Lafayette

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.