

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32812**
8622
Registrar's No. _____

FILED OCT 1 1952

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) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2079 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4831 Bessie avenue | | d. STREET ADDRESS (If rural, give location) 4831 Bessie avenue | |

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|---|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) WASHINGTON c. (Last) CAMPBELL | | | 4. DATE OF DEATH (Month) (Day) (Year) 9-13-52 | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Aug. 19-1895 | 9. AGE (In years last birthday) 57 | # UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk | | 10b. KIND OF BUSINESS OR INDUSTRY Railroad | 11. BIRTHPLACE (City and State or Foreign Country) Keyville, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME Tims Campbell | | 13b. MOTHER'S MAIDEN NAME Nora Key | | 14. NAME OF HUSBAND OR WIFE Gertrude Campbell | |
| 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) unknown | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gertrude Campbell, 4831 Bessie | |

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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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perforated Gastric Ulcer | | INTERVAL BETWEEN ONSET AND DEATH 4 hrs. |
| | ANTECEDENT CAUSES 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. | | |

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| 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 5410 |

22. I hereby certify that I attended the deceased from July, 1951, to Sept. 14, 1952, that I last saw the deceased alive on Sept. 12, 1952, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

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|---|----------------------------------|---|
| 23a. SIGNATURE [Signature] (Degree or title) M.D. | 23b. ADDRESS 4030 Chateau | 23c. DATE SIGNED 9/15/52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | 24b. DATE 9-15-52 | 24c. NAME OF CEMETERY OR CREMATORY Sullivan, Mo. |

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| DATE REC'D BY LOCAL REG. SEP 15 1952 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Eaton F. H., Sullivan, Mo. |
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-ms-3 (Licensed Embalmer's Statement on Reverse Side)

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

OCT 1 1962

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 No. _____

Signed Ronald O. Yohube

Licensed Embalmer No. 3917

P. O. Address St. Louis

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.