No. 300
10.48

XC 13 816 996
Reg. 102,256

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33779

BIRTH NO. FILED SEP 16 1952 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2311

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFF. BRKS. MO.
c. LENGTH OF STAY (in this place): 107 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET. ADM. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: ILLINOIS
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JERSEYVILLE
d. STREET ADDRESS (If rural, give location): 401 E. CARPENTER ST.

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3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): L.
c. (Last): Campbell (Army name - Laverne Butler)

4. DATE OF DEATH (Month) (Day) (Year): 9/4/52

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4/7/93
9. AGE (In years last birthday): 59 yrs.
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): Maintenance Man
10b. KIND OF BUSINESS OR INDUSTRY: Telephone Co.
11. BIRTHPLACE (City and State or Foreign Country): Jerseyville, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: THOMAS J. CAMPBELL
13b. MOTHER'S MAIDEN NAME: MARY COPE
14. NAME OF HUSBAND OR WIFE: BESSIE CAMPBELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WORLD I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: V. A. HOSPITAL RECORDS

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 THROMBOSIS

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): GENERALIZED ARTERIOSCLEROSIS AND CEREBRAL ARTERIOSCLEROSIS
DUE TO (c): - - - -

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: - - 331X -

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: -
19b. MAJOR FINDINGS OF OPERATION: - - - - -
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): NONE
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): V.A. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: - - -

22. *I hereby certify that I attended the deceased from* 5/20, 1952, *to* 9/4, 1952, *and that death occurred at* 4:15p *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. Lamb (Degree or title): M.D.
23b. ADDRESS: V.A.HOSPITAL JEFF. BRKS. MO.
23c. DATE SIGNED: 9/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-5-52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Jerseyville, Ill.

DATE REC'D BY LOCAL REG.: 9-5-52
REGISTRAR'S SIGNATURE: Herbert R. Donk M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Albert H. Hoppe, 4700 Washington Blvd
(Licensed Embalmer's Statement on Reverse Side)

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 Fred J. Farmer

Licensed Embalmer No. 4788

P. O. Address St. Louis, 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.