

Reg. 6341 St. 2684  
FILED JUN 27 1955

State File No. ....

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5127**

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 **915 N. Grand St. Louis 6, Mo.** c. LENGTH OF STAY (In this place) **131 days**

c. CITY OR TOWN **St. Louis** d. Is Residence within limits of city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **V. A. HOSPITAL**

STREET ADDRESS (If rural, give location) **1112 N. 8th St. Apt. 700**

3. NAME OF DECEASED (Type or Print) a. (First) **JOSEPH** b. (Middle) **R** c. (Last) **CAMPBELL**

4. DATE OF DEATH (Month) (Day) (Year) **6-13-55**

5. SEX **MALE** 6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **12-24-1900**

9. AGE (In years last birthday) **54 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) **City Employee**

10b. KIND OF BUSINESS OR INDUSTRY **Civil Service**

11. BIRTHPLACE (City and State or Foreign Country) **Evanston, Illinois**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Richard M. Campbell**

13b. MOTHER'S MAIDEN NAME **Lucilla Ballou**

14. NAME OF HUSBAND OR WIFE **Estelle Campbell**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give year or dates of service) **WW-1**

16. SOCIAL SECURITY NO. **487-22-6095**

17. INFORMANT'S SIGNATURE OR NAME **V. A. HOSPITAL RECORDS** ADDRESS

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **LAENNEC'S CIRRHOSIS.**  
ANTECEDENT CAUSES  
Morbidity 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. **ARTERIOSCLEROTIC HEART DISEASE**

INTERVAL BETWEEN ONSET AND DEATH **Undetermined**

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) **- VA**

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **5810**

22. I hereby certify that I attended the deceased from **2-2**, 19 **55**, to **6-13**, 19 **55**, that death occurred at **9:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **J. Kaminskas** (Degree or title) **M.D.**

23b. ADDRESS **VAH, St. Louis 6, Missouri**

23c. DATE SIGNED **6-14-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **June 16, 1955**

24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri.**

DATE REC'D BY LOCAL REG. **JUN 14 1955**

REGISTRAR'S SIGNATURE **Carl Smith**

25. FUNERAL DIRECTOR'S SIGNATURE **CALVIN F. FEUTZ** ADDRESS **4828 Nat'l. Bridge, 15**

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

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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.....  
Signature of Student Embalmer

Signed..... *Ralph E. Funderburk*

Licensed Embalmer No. *42*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.