

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13654

No. 300

10.48

318

1003

State File No. 3399

Registrar's No. 3399

| | | | | | | | | | |
|---|------------------------------------|--|--|---|---|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | State File No. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____ | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | | c. LENGTH OF STAY (in this place) <u>2 yrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | | d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3430a Lucas Ave.</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3430a Lucas Ave.</u> | | | d. STREET ADDRESS (If rural, give location) <u>3430a Lucas Ave.</u> | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Harriet</u> b. (Middle) _____ c. (Last) <u>Campbell</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 13 1949</u> | | | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Colored</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u> | | 8. DATE OF BIRTH <u>July 23, 1860</u> | | 9. AGE (In years last birthday) <u>88</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Talluah, La.</u> | | 12. CITIZEN OF WHAT COUNTRY? _____ | | |
| 13a. FATHER'S NAME <u>William Gordon</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Kissiah Aggison</u> | | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Sutton 3430 Lucas Ave</u> | | | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> 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. <u>Fracture of left hip - Had a fall February 23, 1949</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>?</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>Fracture of left hip</u> | | | | 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.) <u>Home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis 20</u> | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-23-49 m.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Fall</u> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>April 12, 1949</u> , to <u>April 13, 1949</u> , that I last saw the deceased alive on <u>April 12, 1949</u> , and that death occurred at <u>1:30 A.M.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>M. H. Clark, M.D.</u> | | | (Degree or title) | | | 23b. ADDRESS <u>2748 Franklin Ave</u> | | 23c. DATE SIGNED <u>4/14/49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>April 19, 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u> | | | | |
| DATE REC'D BY LOCAL <u>APR 15 1949</u> | | REGISTRAR'S SIGNATURE <u>J. B. Sasser</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C. J. Nash</u> | | | ADDRESS <u>3847 Page</u> | |

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

(Licensed Embalmer's Statement on Reverse Side)

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 C. L. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page Bl

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.