.S. No. 300
EV. 10.48

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18049

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4401

777

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dr Louis MO
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3742 Olive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MO
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dr Louis 2199
d. STREET ADDRESS (If rural, give location) 3742 Olive

3. NAME OF DECEASED (Type or Print) a. (First) Noty b. (Middle) c. (Last) Campbell

4. DATE OF DEATH (Month) 4 (Day) 29 (Year) 50

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wk 9
8. DATE OF BIRTH Ap. 1887
9. AGE (In years last birthday) 9 Ap 73 — 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) Wk
10b. KIND OF BUSINESS OR INDUSTRY Wk
11. BIRTHPLACE (State or foreign country) Ills
12. CITIZEN OF WHAT COUNTRY? U.S. 9

13a. FATHER'S NAME Wk
13b. MOTHER'S MAIDEN NAME Wk
14. NAME OF HUSBAND OR WIFE Wk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Wk (If yes, give war or dates of service) Wk
16. SOCIAL SECURITY NO. Wk
17. INFORMANT'S SIGNATURE OR NAME Patrick E. Taylor ADDRESS 1300 Clark

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) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) 1, Cardiac Hypertrophy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death 2, Aortic Regurgitation

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

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4343

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 9:39 a.m., from the causes and on the date stated above.*

23a. SIGNATURE Joseph M. Lemon 3 Degree Coroner (Degree or title)
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 5/16/50

24a. BURIAL, CREMATION, REMOVAL (Specify) 10
24b. DATE MAY 17 1950
24c. NAME OF CEMETERY OR CREMATORY Anatomical Board
24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. MAY 17 1950
REGISTRAR'S SIGNATURE J B Fasater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service Inc. 4104 Manchester Ave St. Louis 10, Mo.

(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~~ and senior students at the College of Mortuary Science, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed William H. Crawford

Licensed Embalmer No. 4765

P. O. Address 4937 Forest Park Blvd. St. Louis 8.

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.