

FILED MAY 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 13877
4015

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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 2259

d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital

STREET ADDRESS (If rural, give location) 1635 Cole St.

3. NAME OF DECEASED
a. (First) Alma
b. (Middle) _____
c. (Last) Campbell

4. DATE OF DEATH (Month) (Day) (Year)
April 25 1951

5. SEX Female 3

6. COLOR OR RACE Colored

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

8. DATE OF BIRTH Oct. 10, 1896

9. AGE (In years last birthday) 54
UNDER 1 YEAR Days 6
UNDER 12 HRS. Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Clarksville, Tenn.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME James McWain

13b. MOTHER'S MAIDEN NAME Mary Jones

14. NAME OF HUSBAND OR WIFE Leslie Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME Leslie Campbell ADDRESS 1128 N. Leonard Ave.

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Rectal Stricture
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Undetermined
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

INTERVAL BETWEEN ONSET AND DEATH
Undet.

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) _____

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

21f. HOW DID INJURY OCCUR? 578X

22. I hereby certify that I attended the deceased from 11-24-, 1950, to 4-25, 1951, that I last saw the deceased alive on 4-25, 1951, and that death occurred at 2:15p m., from the causes and on the date stated above.

23a. SIGNATURE Alma Thompson (Degree or title) _____

23b. ADDRESS 2601 N Whittier St

23c. DATE SIGNED 4-26-51

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

24b. DATE May 2, 1951

24c. NAME OF CEMETERY OR CREMATORY National

24d. LOCATION (City, town, or county) (State) Jefferson Barracks

DATE REC'D BY LOCAL REG. APR 28 1951 REGISTRAR'S SIGNATURE J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE J. H. Randle & Son ADDRESS 3133 Bell Ave.

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

working under my personal supervision.

Student Embalmer No.....

Signed



Signed.....
Student Embalmer

Licensed Embalmer No. 2698

P. O. Address 2769 Chautauque

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.