

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17902**  
Registrar's No. **4486**

FILED MAY 28 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Louis—Mo</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> c. LENGTH OF STAY (In this place) <b>61 yrs</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> d. STREET ADDRESS (If rural, give location) <b>2811 N Sarah</b>	
<b>3. NAME OF DECEASED</b> a. (First) <b>Chris</b> b. (Middle) _____ c. (Last) <b>Campbell</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>May 10 1951</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>Colored</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>No</b>	<b>8. DATE OF BIRTH</b> <b>Dec 15 1889</b>
<b>9. AGE</b> (In years last birthday) <b>61</b> IF UNDER 1 YEAR: Months <b>5</b> IF UNDER 24 HRS: Hours _____ Min. _____		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Missouri</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Janitor</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>Yes</b>	
<b>13a. FATHER'S NAME</b> <b>Cris Campbell</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> _____		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) _____	
<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs Carrie King</b>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Luetic Heart Disease with Aortic Insufficiency and Congestive Failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <del>_____</del>	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21. HOW DID INJURY OCCUR?</b> <b>023X</b>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.) _____	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>22. I hereby certify that I attended the deceased from</b> <b>5-7</b> , <b>1951</b> , to <b>5-10</b> , <b>1951</b> , that I last saw the deceased alive on <b>5-10</b> , <b>1951</b> , and that death occurred at <b>8 A.</b> m., from the causes and on the date stated above.	
<b>23a. SIGNATURE</b> <i>Alvin Thompson, D.O.</i>		<b>23b. ADDRESS</b> <b>2601 N Whittier St</b>	
<b>23c. DATE SIGNED</b> <b>5-10-51</b>		<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>170</b>	
<b>24b. DATE</b> <b>5 &amp; 11/51</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Oakdale Cem</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Mount Olive Mo</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Herman J. Smith</b>	
<b>25. ADDRESS</b> <b>4247/w Labade Ave</b>		<b>DATE REC'D BY LOCAL REG.</b> <b>MAY 14 1951</b>	
<b>REGISTRAR'S SIGNATURE</b> <i>J. B. Laster</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Herman J. Smith</b>	

**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 *Lawrence E. Anderson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 40341

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.