

FILED NOV 2 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

003 State File No. 34897

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 9211

1. PLACE OF DEATH
a. COUNTY St. Louis
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. LENGTH OF STAY (in this place) _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119

d. FULL NAME OF HOSPITAL OR INSTITUTION 4326 Fairfax
STREET ADDRESS (If rural, give location) 4326 Fairfax

3. NAME OF DECEASED a. (First) John b. (Middle) _____ c. (Last) Campbell 4. DATE OF DEATH (Month) (Day) (Year) 10 16 51

5. SEX Male 6. COLOR OR RACE Colored 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH May 20, 1878 9. AGE (in years last birthday) 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) Unemployed 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Columbus, Texas 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm. 13b. MOTHER'S MAIDEN NAME Lulu Dawson 14. NAME OF HUSBAND OR WIFE Lizzie Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Zelma Campbell ADDRESS 3109 N. Whittier

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension in Cardiovascular Disease
ANTECEDENT CAUSES _____ DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION None 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) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Hx

22. I hereby certify that I attended the deceased from 7/7 1957, to 10/16 1957, that I last saw the deceased alive on 10/16 1957, and that death occurred at 2:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE D. E. ... (Degree or title) _____ 23b. ADDRESS 3136 Choutauque 23c. DATE SIGNED 10/17/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 10/21/51 24c. NAME OF CEMETERY OR CREMATORY Washington Park 24d. LOCATION (City, town, or county) (State) Washington, Parkes Mo.

DATE REC'D BY LOCAL REG. 10/18 1951 REGISTRAR'S SIGNATURE Carl Smith 25. CORONER DIRECTOR'S SIGNATURE C. D. ... ADDRESS 1221 N. Grand

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed _____

Licensed Embalmer No. 4755

P. O. Address 12217 Grand

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.