

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38812

State File No. 10112

No. 300  
10. 48

FILED DEC 1 1957

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 100 Registrar's No. 10112

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3838 Park Ave.		17. STREET ADDRESS (If rural, give location) 3838 Park Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) JEWELL		b. (Middle) E.	
c. (Last) CAMPBELL		4. DATE OF DEATH (Month) (Day) (Year) Nov. 10 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 15, 1901
9. AGE (In years last birthday) 50		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress (For Self)	11. BIRTHPLACE (State or foreign country) Belle, Mo.
13a. FATHER'S NAME Jackson Campbell		13b. MOTHER'S MAIDEN NAME Laura Joyce	
14. NAME OF HUSBAND OR WIFE		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 Marie Campbell	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca Breast		INTERVAL BETWEEN ONSET AND DEATH 11-10-51	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Melatans Vertebra	
19a. DATE OF OPERATION 11-10-51		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 170X		22. I hereby certify that I attended the deceased from 11-10, 1951, that I last saw the deceased alive on 11-10, 1951, and that death occurred at 8:45 P.M. from the causes and on the date stated above.	
23a. SIGNATURE J. E. Smith M.D.		23b. ADDRESS 1703 S. Grand	
23c. DATE SIGNED 11-12-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtn)	
24b. DATE 11-14-51		24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery	
24d. LOCATION (City, town, or county) (State) Belle, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	
25. ADDRESS 4228 S. Kingshighway Bl.		DATE REC'D BY LOCAL REG. NOV 13 1957	

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

*William B White*

Signed.....

Student Embalmer

Licensed Embalmer No. *4291*

P. O. Address *4228 1/2 Kings Highway*

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.