

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

42815

State File No. 11102

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11102

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY 2A89	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 700		c. CITY (If outside corporate limits, write RURAL and give township) TWN St. Louis 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Grand-Gratiot		e. STREET ADDRESS (If rural, give location) Wick	

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) c. (Last) Campbell			4. DATE OF DEATH (Month) (Day) (Year) 11-24-51		
5. SEX Male		6. COLOR OR RACE Col		7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never</i>	
8. DATE OF BIRTH 11-19-06		9. AGE (In years, months, days) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wick	
10b. KIND OF BUSINESS OR INDUSTRY Wick		11. BIRTHPLACE (State or foreign country) Mo. & 8		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Wick		13b. MOTHER'S MAIDEN NAME Wick		14. NAME OF HUSBAND OR WIFE Wick	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give part or dates of service) Wick		16. SOCIAL SECURITY NO. Wick		17. INFORMANT'S SIGNATURE OR NAME J. C. Vayn ADDRESS 1200 Park	

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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) acute Intestinal Obstruction DUE TO (c) Tortic. Carcinoma of Colon. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (FRANKVERSE)		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION N. M. &		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 153X	

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 _____, from the causes and on the date stated above.

23a. SIGNATURE W. M. Smith, M.D.		23b. ADDRESS 1300 Park		23c. DATE SIGNED 12/10/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) DEC 1 7 1951		24c. NAME OF CEMETERY OR CREMATORY ANATOMICAL BOARD		24d. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. DEC 1 7 1951		REGISTRAR'S SIGNATURE W. M. Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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13

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.....

Students of Mortuary College
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *James A. Lammers*
Licensed Embalmer No. *4142*

P. O. Address *St Louis*

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.