

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32813

State File No.

1952 OCT 4

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8873

1. PLACE OF DEATH

a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. LENGTH OF STAY (In this place) _____

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G. Phillips

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri

b. COUNTY _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

d. STREET ADDRESS (If rural, give location) 11 1417 N. Sarah St.

3. NAME OF DECEASED

a. (First) Lee

b. (Middle) Arthur

c. (Last) Campbell

4. DATE OF DEATH (Month) (Day) (Year) 9-19-52

5. SEX Male

6. COLOR OR RACE Colored

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

8. DATE OF BIRTH Mar. 26, 1951

9. AGE (In years last birthday) 1 yr 6 mon

IF UNDER 1 YEAR Months Days Hours Min. 18

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) St. Louis, Missouri

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

13a. FATHER'S NAME Arthur Campbell

13b. MOTHER'S MAIDEN NAME Birdie Watson

14. NAME OF HUSBAND OR WIFE child

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. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS None Arthur Campbell 1417 Sarah St.

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, ashenia, 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) Lead encephalitis

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION ooo

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? E885022

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 11:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE Chas. Perry Clark, Cor. (Degree or title)

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 9/22/52

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

24b. DATE 9-24-52

24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Mo. County

DATE REC'D BY LOCAL REG. SEP 23 1952

REGISTRAR'S SIGNATURE J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Funeral Home 2820 Stoddard

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 Arthur E. Culkin

Licensed Embalmer No. 4198

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.