

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4263

State File No. _____

FILED JAN 30 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>0139</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u>		c. LENGTH OF STAY (In this place) <u>1 mon.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		d. STREET ADDRESS (If rural, give location) <u>321 N. Bemiston Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Four Oaks Rest Home</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALENA</u>		b. (Middle) <u>C.</u>		c. (Last) <u>CAMPBELL</u>		4. DATE OF DEATH Jan. 15, 1953	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 19, 1871</u>		9. AGE (In years last birthday) <u>81</u> If under 1 year: Months _____ Days _____ If under 1 year: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Theater Checker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Moving Picture</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Oxville, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Chance</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Osburn</u>		14. NAME OF HUSBAND OR WIFE <u>James Zachery Campbell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. A. A. Jablonsky 1022 N. Rockhill</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Squamous Carcinoma of Cervix.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Carcinomatous</u> DUE TO (c) <u>171X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chv Myocarditis & arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs 10 mos</u> <u>2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Biopsy of cervix March 1949</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (In or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis</u> <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 1952</u> , to <u>Jan 15, 1953</u> , that I last saw the deceased alive on <u>Jan 15, 1953</u> , and that death occurred at <u>2:40 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Max Starbloff M.D.</u>		(Degree or title)		23b. ADDRESS <u>512 Doree Place</u>		23c. DATE SIGNED <u>1/16/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 17, 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-16-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Doudle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander & Sons, Inc.</u>		ADDRESS <u>6175 Delmar</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Starkloff

512 Dover

Lo. 1706

Friday, between 12 & 3 PM.

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

Jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Pellme

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.