

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16601

State File No.

FILED MAY 9 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1205

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORMANDY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORMANDY</u>	
c. LENGTH OF STAY (If this place) <u>4 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>5313 LUCAS HUNT RD.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5313 LUCAS HUNT RD.</u>			

3. NAME OF DECEASED a. (First) <u>DR WILLIAM</u> b. (Middle) <u>M.</u> c. (Last) <u>CAMPBELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR 26 1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 5-1888</u>		9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DENTIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Medicine</u>		11. BIRTHPLACE (State or foreign country) <u>Ill</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Wm S. Campbell</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET HENKEMEYER</u>		14. NAME OF HUSBAND OR WIFE <u>LORENA</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lorena Campbell - 5313 Lucas Hunt Rd</u>	
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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) <u>Self-inflicted gunshot wound of the head. Found seated on toilet seat in bathroom of his home with the gun still in his hand.</u>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
		DUE TO (b) <u>seat in bathroom of his home</u>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lucas & Hunt Village St Louis Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4/26/53 4:30Pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self-inflicted gunshot wound of head</u>	
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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 _____ m., from the causes and on the date stated above.

22a. SIGNATURE <u>Arnold Willmann</u> (Degree or title) <u>3 Coroner</u>		23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>4/28/53</u>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR 29 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PK. CEM.</u>	
				24d. LOCATION (City, town, or county) (State) <u>NORMANDY Mo</u>	

DATE REC'D BY LOCAL REG. <u>4-28-53</u>		REGISTRAR'S SIGNATURE <u>Hucker R. Donohue - M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. Muller and Co. 5165 Weber St. Bl.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 300
v. 10. 48

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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 Ronald O Johnke

Licensed Embalmer No. 3917

P. O. Address St Paul

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.