

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**19259**

State File No. **5305**

**FILED JUN 10 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>12 Hrs</b>		e. STREET ADDRESS (If rural, give location) <b>7 5727 Vivian Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>James</b> b. (Middle) <b>J.</b> c. (Last) <b>Campbell</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>May 26 1953</b>		
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married.</b>	<b>8. DATE OF BIRTH</b> <b>Dec 31, 1927</b>	<b>9. AGE</b> (In years) last birthday <b>25</b> Months <b>4</b> Days <b>29</b>	<b>IF UNDER 1 YEAR</b> Hours _____ Min. _____	<b>IF UNDER 100 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Salesman</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Morrel Packing Co</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, O</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>James Campbell</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Sadie Hobbs</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Erna Campbell</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 2nd World War</b>	<b>16. SOCIAL SECURITY NO.</b> <b>497-20-1008</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Erna Campbell</b>	<b>ADDRESS</b> <b>5727 Vivian Ave.</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>2° &amp; 3° Burns of 75% of Body.</b>		
	<b>ANTECEDENT CAUSES</b> <b>suffered when gasoline exploded behind him while using in connection of his home to clean screens on May 25 1953</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <b>Conditons contributing to the death but not related to the disease or condition causing death</b>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Accident w/</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT</b> (Specify) <b>Accident</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	<b>21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE)</b> <b>St. Louis Mo.</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>May 25 58 60</b>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>E9160</b>
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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 **740P** m., from the causes and on the date stated above. **16****

<b>23a. SIGNATURE</b> <i>[Signature]</i> (Degree or title) <b>Deputy</b>	<b>23b. ADDRESS</b> <b>1300 Clark</b>	<b>23c. DATE SIGNED</b> <b>5/27/53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>May 29, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Calvary Cemetery,</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, MO</b>
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<b>DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE</b> <b>MAY 27 1953</b> <i>[Signature]</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Buchholz-Koeller</b>	<b>ADDRESS</b> <b>5967 W. Florissant</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

E.P. (Licensed Embalmer's Statement on Reverse Side)

1956  
9 MAR

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.....  
Signature of Student Embalmer

Signed *Wilfred J. Bush*.....

Licensed Embalmer No. *45*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.