

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2479

1. PLACE OF DEATH  
a. COUNTY St. Louis

b. CITY OR TOWN St. Louis c. LENGTH OF STAY (in this place) 3 WKS

d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MO. b. COUNTY \_\_\_\_\_

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

d. STREET ADDRESS (If rural, give location) 4011 DOVER PL.

3. NAME OF DECEASED  
a. (First) Richard b. (Middle) Campisano c. (Last) \_\_\_\_\_

4. DATE OF DEATH (Month) (Day) (Year)  
10-24-54

5. SEX M

6. COLOR OR RACE W

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

8. DATE OF BIRTH NOV. 17, 1953

9. AGE (In years last birthday) 10

10. IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
11. IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

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 (City and State or Foreign Country) GERMANY

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME SALVADORE CAMPISANO

13b. MOTHER'S MAIDEN NAME MARY F. CUNNINGHAM

14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME SALVADORE CAMPISANO ADDRESS \_\_\_\_\_

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) Pneumonia

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Staph. aureus infection

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  
2 wks  
2 wks

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

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)  
0531

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 10-11, 1954 to 10-24, 1954, that I last saw the deceased alive on 10-24, 1954, and that death occurred at 8:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chester P. Lynywele, M.D.

23b. ADDRESS 3209 S. Grand Ave

23c. DATE SIGNED 10-25-54

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL-TRAN

24b. DATE 10-25-54

24c. NAME OF CEMETERY OR CREMATORY CALVARY

24d. LOCATION (City, town, or county) (State) LOUISVILLE, KY

DATE REC'D BY LOCAL REG. 10/25/54 REGISTRAR'S SIGNATURE Wesley C. ...

25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home ADDRESS 10322 S. GRAND

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

*David Van Fossen*

Licensed Embalmer No. ....

*4282*

P. O. Address

*6322 So Grand*

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.