

No. 300
 10 48
 FILED JUN 30 1955
 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
 State File No. 20670
 BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1348
 1. PLACE OF DEATH
 a. COUNTY ST. LOUIS
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GLENDALE c. LENGTH OF STAY (in this place) 8 YRS
 c. CITY OR TOWN GLENDALE Mo d. Is Residence within limits of a city or incorporated town? Yes No
 d. FULL NAME OF HOSPITAL OR INSTITUTION 975 NANCY-CAROL-LANE e. STREET ADDRESS (If rural, give location) 975 NANCY-CAROL-LANE
 3. NAME OF DECEASED a. (First) MARIE b. (Middle) TERESA c. (Last) CAMPBELL 4. DATE OF DEATH (Month) (Day) (Year) 6 11 55
 5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH 7-5-1921 9. AGE (In years last birthday) 33 IF UNDER 1 YEAR Months 11 Days 6 IF UNDER 10 HRS. Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY AT HOME 11. BIRTHPLACE (City and State or Foreign Country) PHILA. PA. 12. CITIZEN OF WHAT COUNTRY? U.S.A
 13a. FATHER'S NAME WILLIAM-FARLEY 13b. MOTHER'S MAIDEN NAME MARY-MERRAH 14. NAME OF HUSBAND OR WIFE FORREST-CAMPBELL
 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. UNKNOWN 17. INFORMANT'S SIGNATURE OR NAME DR-FORREST-CAMPBELL- ADDRESS ABOVE
 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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma, ovarian with widespread metastases. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
 19a. DATE OF OPERATION Mar 2 1954 19b. MAJOR FINDINGS OF OPERATION Ovarian carcinoma with metastases to nodes and liver 175X 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) 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 May 21, 1952, to June 11, 1955, that I last saw the deceased alive on 6/10, 1955, and that death occurred at 7:40 A.M., from the causes and on the date stated above.
 23a. SIGNATURE CH Hockelman M.D. (Degree or title) 23b. ADDRESS 2615 Brentwood Blvd. 23c. DATE SIGNED 6/11/55
 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 6-14-55 24c. NAME OF CEMETERY OR CREMATORY RESURRECTION-CEM. 24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
 DATE REC'D BY LOCAL REG. 6/13/55 REGISTRAR'S SIGNATURE Herbat R. Danke M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH- MAPLEWOOD-17-MO.
 (Licensed Embalmer's Statement on Reverse Side)

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

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 590		Registrar's No. 1348			
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GLENDALE		c. LENGTH OF STAY (in this place) 8 YRS		c. CITY OR TOWN GLENDALE Mo		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 975 NANCY-CAROL-LANE				e. STREET ADDRESS (If rural, give location) 975 NANCY-CAROL-LANE					
3. NAME OF DECEASED (Type or Print) a. (First) MARIE b. (Middle) TERESA c. (Last) CAMPBELL			4. DATE OF DEATH (Month) (Day) (Year) 6 11 55						
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DATE REC'D BY LOCAL REG. 6/13/55		REGISTRAR'S SIGNATURE Herbat R. Danke M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH- MAPLEWOOD-17-MO.				

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.....

Licensed Embalmer No. 40

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.