

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42969

State File No. ....

FILED JAN 12 1956

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 3014

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 OR TOWN <u>Webster Groves</u>	c. LENGTH OF STAY (in this place township) <u>3 Yrs.</u>	c. CITY OR TOWN <u>Webster Groves</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1201 Eastbrook</u>		e. STREET ADDRESS (If rural, give location) <u>1201 Eastbrook</u>	

3. NAME OF DECEASED (Type or Print) <u>ELIZABETH</u>	a. (First)	b. (Middle) <u>K.</u>	c. (Last) <u>CAMPBELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 23 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>June 20, 1880</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Gus Wenz</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Late Lucius M. Campbell</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Wolters 1201 Eastbrook</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCTION</u>	DUE TO (b) <u>ARTERIO-SCLEROTIC CARDIO.</u>		<u>2 HOURS</u>
ANTECEDENT CAUSES	DUE TO (c) <u>VASCULAR DISEASE</u>		<u>10 YEARS</u>
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death. <u>OLD CEREBRAL THROMOSIS</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1952 to DEC 23, 1955, that I last saw the deceased alive on DEC 14, 1955, and that death occurred at 2:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Herbert C. Stewart M.D.</u>	23b. ADDRESS <u>508 N. GRAND ST. LOUIS MO</u>	23c. DATE SIGNED <u>12-25-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 27, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem.</u>
		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>

DATE REC'D BY LOCAL REG. <u>12-25-55</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Dombard</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>
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Dr. (Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48

OCT 24 1961

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 *W. C. Starnum*  
Licensed Embalmer No. 45

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.