V.S. No. 300
Rev. 10.48

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

FILED MAR 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11375

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 644

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~WEBSTER GROVES~~ D.O.A.
c. LENGTH OF STAY (In this place): 1/100
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): COUNTY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST LOUIS
c. CITY OR TOWN: WEBSTER GROVES
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 136 THORNTON

3. NAME OF DECEASED (Type or Print)
a. (First): BENNIE
b. (Middle): L
c. (Last): CAMPBELL

4. DATE OF DEATH (Month) (Day) (Year): MARCH 5 1957

5. SEX: MALE 2
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED 3
8. DATE OF BIRTH: APRIL 1908
9. AGE (In years last birthday): 49
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): CHIPPER FOUNDRY
10b. KIND OF BUSINESS OR INDUSTRY: CHIPPER
11. BIRTHPLACE (City and State or Foreign Country): JACKSONPORT ARKANSAS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: LEE CAMPBELL
13b. MOTHER'S MAIDEN NAME: BERTHA BALDRIDGE
14. NAME OF HUSBAND OR WIFE: DIVORCED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): 5 Feb 44-4 Feb 46
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME: Mildred Campbell
ADDRESS: 19 Ravine

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — Interval between onset and death: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Heart Disease — 3-4 yrs.
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
19b. MAJOR FINDINGS OF OPERATION
4201
20. AUTOPSY? YES ☐ NO ☐ 0

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* Oct. 25, 1955, *to* Mar. 5, 1957, *that I last saw the deceased alive on* Feb 9, 1957, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. M. Turner, M.D.
23b. ADDRESS: 1064 So. Lewing
23c. DATE SIGNED: 3-12-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 12, 1957
24c. NAME OF CEMETERY OR CREMATORY: Jefferson Barracks Cemetery
24d. LOCATION (City, town, or county) (State): Jenny Mo

DATE REC'D BY LOCAL REG.: 3/8/57
REGISTRAR'S SIGNATURE: Hubert R. Dunbar
25. FUNERAL DIRECTOR'S SIGNATURE: J. J. Vandelicht
ADDRESS: John Furniss Home 177 East Kirkham Ave
(Licensed Embalmer) (Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Theodore T. Yandell

Licensed Embalmer No. 4243

P. O. Address 30 Eldrig
Webster Groves M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.