

FILED JUL 3 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH57-0-2210-3
STATE FILE NUMBER 31406

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 31406

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Marys Hosp.</i>		Length of stay in 1b <i>9 days</i>		STREET ADDRESS <i>5712 Highland Av.</i>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Lavinia</i> Middle <i>E.</i> Last <i>Campbell</i>				4. DATE OF DEATH Month <i>6</i> Day <i>1</i> Year <i>57</i>			
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Jan. 20, 1878</i>	
9. AGE (In years last birthday) <i>79</i>		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) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>			11. BIRTHPLACE (City and state or country) <i>Brassier, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>							
13. FATHER'S NAME <i>Clay</i>				14. MOTHER'S MAIDEN NAME <i>unknown</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Schaffner C. Campbell,</i>		Address <i>5712 Highland</i>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Thrombosis of the coronary arteries</i> DUE TO (b) <i>Senility</i> DUE TO (c) <i>296x</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>May 22</i> to <i>June 1st</i> and last saw her alive on <i>May 31, 57</i> Death occurred at <i>4:15 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>J. J. Schaffner M.D.</i>				22b. ADDRESS <i>1525 Kelly</i>		22c. DATE SIGNED <i>June 3, 1957</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		23b. DATE <i>6/4/57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Zions Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo.</i>		
24. FUNERAL DIRECTOR <i>Drehmann-Harral</i>			ADDRESS <i>1905 Union</i>		25. DATE RECD. BY LOCAL REG. <i>6.3.57</i>		26. REGISTRAR'S SIGNATURE <i>Herbert R. Donke M.D.</i>

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Dr. S. R. Richtersto
1825 Ashby

Appointment only
Mon. 2:30 PM

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..... *Albert R. Thompson*

Licensed Embalmer No... 42

P. O. Address... *H. J. Jones*

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.