

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED NOV 7 1957

State File No. **37262**
 Registrar's No. **10170**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 8 days		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hosp.		e. STREET ADDRESS (If rural, give location) 3438 Pestalozzi	

3. NAME OF DECEASED (Type or Print) a. (First) Ella b. (Middle) c. (Last) Campfield			4. DATE OF DEATH (Month) (Day) (Year) 10-29-57		
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	
8. DATE OF BIRTH 12-15-1883		9. AGE (In years last birthday) 73		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (City and State or Foreign Country) Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Kregel Casket Co.		11. BIRTHPLACE (City and State or Foreign Country) Ohio	

13a. FATHER'S NAME unk.		13b. MOTHER'S MAIDEN NAME unk.		14. NAME OF HUSBAND OR WIFE Edward E.	
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. 492-10-0691		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grace Luthy 3438 Pestalozzi St.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic C.A. Bone ANTECEDENT CAUSES Aborid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic C.A. Liver DUE TO (c) Adenocarcinoma (Pagets) Rt. Breast		INTERVAL BETWEEN ONSET AND DEATH 9 mo. 9 mo. 10 mo.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death, Left. Mid. Cerebral Art. Thrombosis				2 mo.	

19a. DATE OF OPERATION 2/4/57		19b. MAJOR FINDINGS OF OPERATION Rt. Radical Mastectomy - Adenocarcinoma Rt. Breast		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) 170 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **10-21-57**, 19___, to **10-29-57**, 19___, that I last saw the deceased alive on **10-29-57**, 19___, and that death occurred at **12:55am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Beckham, M.D.		23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED 10/29/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 1-57		24c. NAME OF CEMETERY OR CREMATORY St. Matthews	
24d. LOCATION (City, town, or county) (State) St Louis Mo					

DATE REC'D BY LOCAL REG. OCT 30 57		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Stygar & Son 5541 Riverview	
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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.....
Signature of Student Embalmer

Signed.....

J. M. Ruster

Licensed Embalmer No. 3980

P. O. Address St. Louis,

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.