

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045490

State File No. ....

67539-58  
FILED DEC 22 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11626**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) **St Louis MO**  
c. LENGTH OF STAY (in this place) \_\_\_\_\_

c. CITY OR TOWN **St Louis**  
d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION **25 101 Hospital**

e. STREET ADDRESS (If rural, give location)  
**3448 W Pine Blvd**

3. NAME OF DECEASED  
a. (First) **Ronald** b. (Middle) **Campbell** c. (Last) \_\_\_\_\_

4. DATE OF DEATH (Month) (Day) (Year)  
**12 1 58**

5. SEX **M 2**

6. COLOR OR RACE **Col**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**Widow**

8. DATE OF BIRTH **8-4-58**

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.  
**3 28**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**None**

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and State or Foreign Country)  
**St Louis MO**

12. CITIZEN OF WHAT COUNTRY?  
**U.S.A.**

13a. FATHER'S NAME  
**Eulus B. Campbell**

13b. MOTHER'S MAIDEN NAME  
**Dorothy Bolton**

14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)  
**No**

16. SOCIAL SECURITY NO.  
**None**

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS  
**Eulus B. Campbell 3448 Pine Blvd**

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) **Carbon Monoxide Intoxication.**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **suffered in fire in home about 10:53 am., December 1 1958.**

INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION  
**E916.0  
16 noo**

20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) **Accident**

21b. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.)  
**Home**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
**St Louis MO**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)  
**12 1 58 10:53 am.**

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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **11:20 am.**, from the causes and on the date stated above.

23a. SIGNATURE **Deputy Registrar** (Degree or title)

23b. ADDRESS **1300 Clark**

23c. DATE SIGNED **12/3/58**

24a. BURIAL, CREMATION, REMOVAL (Specify) \_\_\_\_\_

24b. DATE **12-6-58**

24c. NAME OF CEMETERY OR CREMATORY **Father Dixon Ceme**

24d. LOCATION (City, town, or county) (State) **County MO**

DATE REC'D BY LOCAL HEALTH DEPT. **DEC 3 '58**

REGISTRAR'S SIGNATURE **Carl Smith**

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS **W. B. Gushove 2930 Dickson St.**

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..... *Leroy M. Pannister*

Licensed Embalmer No. *4523*

P. O. Address *4257 Wash*

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.