

Health, Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006960
STATE FILE NUMBER

FILED MAR 2 1959

Registration District No. _____ Primary Registration District No. _____ Registrar No. 1487

300
-57
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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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Phillips		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) 4202 Delmar Ave.
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last CARRIN (Karen) CAMPBELL			4. DATE OF DEATH Month Day Year Feb. 10, 1959		
5. SEX Female ³	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 4, 1955	9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Mildred Campbell		14. NAME OF HUSBAND OR WIFE	
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. None		17. INFORMANT Wilfred Campbell	
				Address 3951 Evans Ave.	

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>Suffocation</i>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <i>E 934.0</i>		
DUE TO (c) <i>46</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. <i>Suffered an injury struck by trolley on February 10th</i>	
20c. TIME OF INJURY Hour Month, Day, Year <i>2:20 a.m. 2 10 1959 about 2:20 a.m.</i>			

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.) <i>10th Ave</i>	20f. CITY, TOWN, OR LOCATION <i>St. Louis Mo</i>	COUNTY <i>Mo</i>	STATE
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21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at *11:21 A* m on the date stated above; and to the best of my knowledge, from the causes stated

22a. SIGNATURE <i>Regina Zumb...</i>	22b. ADDRESS <i>1300 Chestnut</i>	22c. DATE SIGNED <i>2/12/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>2/14/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cemetery</i>	23d. LOCATION (City, town, or county) <i>St. Louis County, Mo.</i>
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24. FUNERAL DIRECTOR <i>Charles J. Gates</i>	ADDRESS <i>4107 Finney</i>	25. DATE RECD. BY LOCAL REG. <i>FEB 11 1959</i>	26. REGISTRAR'S SIGNATURE <i>Roal Smith, M.D.</i>
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(Licensed Embalmer's Statement on Reverse Side)

Vertical text on left margin: BY AFFIDAVIT OF 3-11-59... All diseases in Part I must be causally related...

MEDICAL CERTIFICATION

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 *Walter A. Brown*

Licensed Embalmer No. 4580

P. O. Address 4107 Finney Av

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.