

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-038457**

FILED VS NOV 2 1959

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2824

RECEIVED

|  |   |  |  |
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| <b>1. PLACE OF DEATH</b>   |   | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) |  |
| a. COUNTY <b>St. Louis</b>   | a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>                               |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ellisville</b>                  | Length of stay in 1b <b>6 weeks</b>   | c. CITY OR TOWN <b>Kirkwood</b>  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Sunset Sanitarium</b> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <b>10,341 Manchester Rd.</b>                   | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|  |                     |                      |                      |                         |                      |               |                  |
|--|---------------------|----------------------|----------------------|-------------------------|----------------------|---------------|------------------|
| <b>3. NAME OF DECEASED</b> (Type or print) | First <b>EDWARD</b> | Middle <b>EUGENE</b> | Last <b>CAMPBELL</b> | <b>4. DATE OF DEATH</b> | Month <b>October</b> | Day <b>24</b> | Year <b>1959</b> |
|--|---------------------|----------------------|----------------------|-------------------------|----------------------|---------------|------------------|

|                           |                                      |   |   |   |   |   |
|---------------------------|--------------------------------------|---|---|---|---|---|
| <b>5. SEX</b> <b>Male</b> | <b>6. COLOR OR RACE</b> <b>White</b> | <b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | <b>8. DATE OF BIRTH</b> <b>8-2-1873</b> | <b>9. AGE</b> (last birthday) <b>86</b> | <b>IF UNDER 1 YEAR</b><br>Months <input type="checkbox"/> Days <input type="checkbox"/> | <b>IF UNDER 24 HR</b><br>Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
|---------------------------|--------------------------------------|---|---|---|---|---|

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| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Editor</b> | <b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Press Granite City</b> | <b>11. BIRTHPLACE</b> (City and state or country) <b>Lincoln Co., Mo.</b> | <b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b> |
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| <b>13a. FATHER'S NAME</b> <b>John W. Campbell</b> | <b>13b. MOTHER'S MAIDEN NAME</b> <b>Kate Sitton</b> | <b>14. NAME OF HUSBAND OR WIFE</b> <b>Kathryn Campbell</b> |
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| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> | <b>16. SOCIAL SECURITY NO.</b> <b>unk.</b> | <b>17. INFORMANT</b> <b>Kirkwood 22, Missouri</b><br><b>Kathryn Campbell-10,341 Manchester</b> |
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| <b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease.</b> | <b>INTERVAL BETWEEN ONSET AND DEATH</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>DUE TO (b)</b>  |   |
| <b>DUE TO (c)</b>   |   |

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| <b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a) <b>Bronchopneumonia</b> | <b>PART III. If deceased was female was there a pregnancy in last 90 days.</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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|   |  |   |
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| <b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/> | <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) |
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| <b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____ |
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| <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/> | <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) | <b>20f. CITY, TOWN, OR LOCATION</b> _____ <b>COUNTY</b> _____ <b>STATE</b> _____ |
|--|---|--|

**21. I attended the deceased from** Sept. 8, 1959 to Oct. 24, 1959 and last saw him alive on Oct. 23, 1959  
Death occurred at Ellisville, Mo 7:30 A on the date stated above, and to the best of my knowledge, from the causes stated.

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| <b>22a. SIGNATURE</b> <i>George E. Smith M.D.</i> (Registrator title) | <b>22b. ADDRESS</b> <u>11774 Manchester Road</u><br><u>St. Louis 31, Mo.</u> | <b>22c. DATE SIGNED</b> <u>10/25/59</u> |
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|  |                                    |  |   |
|--|------------------------------------|--|---|
| <b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b> | <b>23b. DATE</b> <b>10-26-1959</b> | <b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Oak Grove</b> | <b>23d. LOCATION</b> (City, town, or county) <b>St. Louis County, Mo.</b> (State) |
|--|------------------------------------|--|---|

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| <b>24. FUNERAL DIRECTOR</b> <b>Address</b> <b>Pfritzingert Mort-Kirkwood 22, Mo.</b> | <b>25. DATE RECD. BY LOCAL REG.</b> <b>10-25-59</b> | <b>26. REGISTRAR'S SIGNATURE</b> <i>John C. Murphy</i> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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

*Herbert J. Lee Jr.*

Licensed Embalmer No. 4800

P. O. Address Richwood 27

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.