

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

**=60-017785**

**FILED VS APR 22 1960 317**

Registration District No. 590 Primary Registration District No. 590 Registrar's No. 1083 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>ST LOUIS</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hillsdale</b>		Length of stay in 1b <b>KRS</b>		c. CITY OR TOWN <b>Hillsdale</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6255 a St. Louis Ave</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>6255 a St. Louis Ave</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Stefano Campo</b>				First Middle Last		4. DATE OF DEATH <b>March 30, 1960</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan 25 77 83</b>		
9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR		Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Window trimmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Window trimmer</b>		11. BIRTHPLACE (City and state or country) <b>Italy</b>		12. CITIZEN OF WHAT COUNTRY <b>Ita U.S.A.</b>	
13a. FATHER'S NAME <b>Salvatore Campo</b>			13b. MOTHER'S MAIDEN NAME <b>Providence Priola</b>			14. NAME OF HUSBAND OR WIFE <b>Rosa</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>498-96-7672</b>		17. INFORMANT <b>Agatha Campo</b> Address <b>6255 a St. Louis Ave</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma stomach</b>						INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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, Year s.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 <b>7-6-55</b> to <b>3-20-60</b> and last saw him alive on <b>3-27-60</b> Death occurred at <b>5:30 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>[Signature]</b> (Degree or title)				22b. ADDRESS <b>730 St. Louis Ave</b>		22c. DATE SIGNED <b>3/31/60</b>		
23a. BURIAL, CREMATION, OR OTHER FINAL DISPOSITION <b>REMOVAL</b>		23b. DATE <b>Apr 11 2, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Ceme te ry</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>		
24. FUNERAL DIRECTOR <b>Miceli 1150 No. Kingshighway</b> ADDRESS			25. DATE RECD. BY LOCAL REG. <b>4-1-60</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>			

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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John J. Haines*

Licensed Embalmer No. 4108

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.