SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-043106
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 543 Registrar's No. 3192

FILED NOV 21 1961

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JENNINGS — Length of stay in 1b 10 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2330 SWITZER AVE — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY ST. LOUIS
c. CITY OR TOWN JENNINGS — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 2330 SWITZER AVE — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First CLELL Middle H. Last CAMPBELL
4. DATE OF DEATH Month NOV Day 12 Year 1961

5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11/20/1912
9. AGE (last birthday) 48 YRS. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY CEMETERY
11. BIRTHPLACE (City and state or country) ROCK ISLAND, ILLINOIS
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME HARRY CAMPBELL
13b. MOTHER'S MAIDEN NAME NEA HOWLETTE
14. NAME OF HUSBAND OR WIFE RUTH A. CAMPBELL

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

17. INFORMANT RUTH A. CAMPBELL Address 2330 SWITZER AVE JENNINGS 36 MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma Brain, Metastatic — INTERVAL BETWEEN ONSET AND DEATH 8 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Original site unknown.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 March. 1961 to Nov 12 61 and last saw him alive on Nov 11 - 61
Death occurred at 5 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold J. Fuchs MD
22b. ADDRESS 17 Ladue Mann (24)
22c. DATE SIGNED Nov 13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE NOV. 15, 1961
23c. NAME OF CEMETERY OR CREMATORY MT. LEBANON CEMETERY
23d. LOCATION (City, town, or county) ST. LOUIS COUNTY (State) MO.

24. FUNERAL DIRECTOR Suedmeyer & Sons ADDRESS 3934 N. 20 ST
25. DATE RECD. BY LOCAL REG. 11-13-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. SHOULD READ INSTEAD OF BY AFFIDAVIT OF DOCUMENT

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 Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St Louis Mo

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.