

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

Primary Registration District No.

1003

Registrar's No.

62-003572  
453 STATE FILE NUMBER

AMENDED

Registration District No.

FILED JAN 10 1962

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis**  
Length of stay in 1b \_\_\_\_\_  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Luke's Hospital**  
Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **St. Louis**  
c. CITY OR TOWN **St. Louis** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **5123 Westminster** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
**Ralph B Campbell**

4. DATE OF DEATH Month Day Year  
**January 9 1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married   
Widowed  Divorced  8. DATE OF BIRTH **3-3-1888** 9. AGE (last birthday) **73**  
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) **Insurance Agent**  
10b. KIND OF BUSINESS OR INDUSTRY **Life Ins. Co. New England Mu.**  
11. BIRTHPLACE (City and state or country) **St. Louis, Mo.**  
12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **James A. Campbell**

13b. MOTHER'S MAIDEN NAME **Eva Burden**

14. NAME OF HUSBAND OR WIFE **Frances O. Campbell**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
**Yes, 1 W.W. 1**

16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT Address **Mrs. Ralph B. Campbell, 5123 Westminster**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Cerebro-vascular accident**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) **General arteriosclerosis**  
DUE TO (c) **331 X A**

INTERVAL BETWEEN ONSET AND DEATH  
**1 mo. 2 yrs.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
**Old Pulmonary Tuberculosis**

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 Month, Day, Year  
a.m. p.m.

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 **November, 1961** to **January 9, 1962** and last saw him alive on **January 8, 1962**  
Death occurred at **12:12 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **David Duff Kerr, M.D.**

22b. ADDRESS **950 Francis Pl. Clayton 5, Mo.**

22c. DATE SIGNED **1/9/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

23b. DATE **1-12-62**

23c. NAME OF CEMETERY OR CREMATORY **Bellefontaine Cemetery**

23d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Alexander & Sons 6175 Delmar Blvd.**

25. DATE RECD. BY LOCAL REG. **JAN 11 1962**

26. REGISTRAR'S SIGNATURE **Paul Smith, M.D.**

RATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

Dr. David Kerr  
950 Francis Place  
Pa. 1-0411  
3 to 5 P.M.

1981: 1000 010114

**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 James E. McCullough

Licensed Embalmer No. 24600

P. O. Address 6145 Polmar

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.