

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003574

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1115

STATE FILE NUMBER

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 <u>St. Louis</u>		Length of stay in 1b Years		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Ann's Home, 5301 Page</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5301 Page</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Virginia Adele Jones Campbell</u>				4. DATE OF DEATH Month Day Year <u>January 24 1962</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 29-1872</u>	9. AGE (last birthday) <u>89</u>	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) <u>Radio and Newspaper Woman</u>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Ashland Va.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alfred W. Jones</u>			13b. MOTHER'S MAIDEN NAME <u>Hulia Laurence</u>		14. NAME OF HUSBAND OR WIFE <u>Arch Campbell</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT Address <u>Mrs Paul Friess, 4616 Lindell</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic pneumonia</u> Conditions (b) which gave rise to above cause (a), state on the under-lying cause last. DUE TO (b) <u>Fracture, right hip</u> DUE TO (c) <u>904.7-21</u>							INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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. (Enter nature of injury in PART I or PART II of item 18.) <u>Fell at St. Ann's Home</u>					
20c. TIME OF INJURY Hour a.m. p.m. <u>12-26-1961</u>		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.) <u>66 St. Anns Home</u>	20f. CITY, TOWN, OR LOCATION <u>St. Louis,</u>	COUNTY <u>Missouri</u>	STATE
21. I attended the deceased from <u>4/18/55</u> to <u>1/24/62</u> and last saw her <u>alive</u> on <u>1/22/62</u> Death occurred at <u>3:30</u> P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>W. B. Krueber</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>100 N. Euclid, St. Louis 8, Mo</u>		22c. DATE SIGNED <u>1/25/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-26-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		23d. LOCATION (City, town, or county) <u>Kirkwood, Missouri</u>		23e. (State)	
24. FUNERAL DIRECTOR <u>C. R. Lupton & Sons, St. Louis, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>JAN 25 1962</u>	26. REGISTRAR'S SIGNATURE <u>Paul Smith, M.D.</u>		

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Victor Kieffer
100 N. Euclid -
FC. 1-6632
18:00 to 2:00 PM

Mrs Virginia Campbell
St Ann's Home
City Wise

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.