

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED APR 6 1962 317

-62-013419
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1009

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4002

2 4036

3 2

4 1

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9 410X

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12 45-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clayton		Length of stay in 1b 6 DAYS	c. CITY OR TOWN PINE LAWN
c. FULL NAME OF (IF NOT in hospital, give location) ST. LOUIS County Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) # 8 Blakemore
3. NAME OF DECEASED (Type or print) First Thelma Middle Campbell Last Campbell		4. DATE OF DEATH Month 3 Day 26 Year 62	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-12-1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -	9. AGE (last birthday) 55
13a. FATHER'S NAME Samuel H. Pavy		13b. MOTHER'S MAIDEN NAME Emma Burham	14. NAME OF HUSBAND OR WIFE Russell Campbell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Russell Campbell 8 Blakemore	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) mitial insufficiency & stenosis DUE TO (b) Rheumatic heart disease DUE TO (c) -			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) Bronchopneumonia			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 checked="" type="checkbox"/> NO <input 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 a.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 3-15-62 to 3-26-62 and last saw her alive on 3-26-62 Death occurred 3-26-62 14:15 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or print) William H. Howe MD		22b. ADDRESS 6015 Brentwood - Clayton Mo.	22c. DATE SIGNED 3/27/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-29-62	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) ST. LOUIS CO MO
24. FUNERAL DIRECTOR O'Sullivan Muecke Kron		ADDRESS 8806 Jennings Rd	25. DATE RECD. BY LOCAL REG. 3-28-62
26. REGISTRAR'S SIGNATURE John C. Mumfley M.D.			

USE BLACK INK OR TYPEWRITER RIBBON

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 Richard J. Gans, Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22710

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.