

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049568

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1005

Registrar's No.

13044

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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24002

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED JAN 9 1964

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 HospitalInside Limits
Yes ☐ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St. Louisc. CITY
OR
TOWN ClaytonInside Limits
Yes ☐ No ☐d. STREET
ADDRESS 433 Polar Dr.Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First
ANNMiddle
CAMPBELLLast
JAMES4. DATE
OF
DEATHMonth
DecemberDay
30Year
19635. SEX
Female6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒8. DATE OF BIRTH
7-27-19209. AGE (last birthday)
43IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Secretary - Junior League

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Cincinnati, Ohio12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Mark Campbell

13b. MOTHER'S MAIDEN NAME

Lucielle Porter

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
452-22-579917. INFORMANT
Stan Campbell, Addison, Ill

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary edema

INTERVAL BETWEEN
ONSET AND DEATH
6 hours

DUE TO (b)

Metastatic carcinoma

3 months

DUE TO (c)

Carcinoma of breast 170X

9 months

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

None

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. 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
INJURYHour
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 2 Sep 63 to 30 Dec 63 and last saw him alive on 30 Dec 63
Death occurred at 11:50 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James F. Nickel, MD

22b. ADDRESS

52 Maryland Plaza
St Louis, Mo

22c. DATE SIGNED

31 Dec 63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

1-3-64

23c. NAME OF CEMETERY OR CREMATORY

Lake St. Memorial Cem.

23d. LOCATION (City, town, or county)

Elgin, Ill

(State)

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser 4228 S. Kings Highway Blvd.

25. DATE RECD. BY LOCAL REG.

DEC 31 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

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

Ernest W. Spillers
14080

Licensed Embalmer No. _____

P. O. Address _____

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.