

FILED JUL 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20857

State File No.

318

1003

5563

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____			
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, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) life		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		17			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 27 2640a Franklin Avenue				18	
3. NAME OF DECEASED (Type or Print) Savanah			a. (First)		b. (Middle)		c. (Last) Campbell		
4. DATE OF DEATH June 25, 1949		5. SEX Female 3		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 24, 1923	
9. AGE (In years, last birthday) 26		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 60 MIN. Hours		IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME George Edwards			13b. MOTHER'S MAIDEN NAME Gertrude Tillett			14. NAME OF HUSBAND OR WIFE McKinley Campbell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME George Edwards				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epheochromocytoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malignant Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Glomerulonephritis</u>				INTERVAL BETWEEN ONSET AND DEATH Undet. Undet.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)		21d. (STATE)		182	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 182					
22. I hereby certify that I attended the deceased from <u>5-26</u> , 1949, to <u>6-25</u> , 1949, that I last saw the deceased alive on <u>6-25</u> , 1949, and that death occurred at <u>12 N. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE James J. Hedrick				(Degree or title) M. D. 0		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 6-27-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/29/49		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County			
DATE REC'D BY LOCAL REG. JUN 28 1949		REGISTRAR'S SIGNATURE J. Basater			25. FUNERAL DIRECTOR'S SIGNATURE R. M. C. Green		ADDRESS 3517 LaClede Ave.		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

This was taken by me on 6-27-49

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
Student Embalmer

Signed Melvin E. Green

Licensed Embalmer No. 4428

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 this body is not embalmed, fact should be so stated above.