

FILED JUL 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25698**  
Registrar's No. **2647**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076**

1. PLACE OF DEATH a. COUNTY <b>St Louis 4000</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <b>Illinois</b> b. COUNTY <b>Randolph</b>	
b. CITY OR TOWN <b>Jefferson Barracks</b> c. LENGTH OF STAY (in this place) <b>11 days</b>		c. CITY OR TOWN <b>Steeleville 8120</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Rose Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Rt 1 No 1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jennie</b> b. (Middle) _____ c. (Last) <b>Campanella</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7 - 13 - 51</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>September 19, 1906</b>	9. AGE (in years last birthday) <b>44</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (State or foreign country) <b>Willisville, Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>Ill</b>
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13a. FATHER'S NAME <b>Sastano Anselmo</b>	13b. MOTHER'S MAIDEN NAME <b>Lillian Mareno</b>	14. NAME OF HUSBAND OR WIFE <b>August Campanella</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>August Campanella</b> ADDRESS <b>Steeleville, Ill</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>8 wks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Military Tuberculosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hydro nephrosis</b>		<b>0191</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **July 2, 1951**, to **July 13, 1951**, that I last saw the deceased alive on **July 13, 1951**, and that death occurred at **6:00 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Masao Okamoto M.D.</b>	23b. ADDRESS <b>317 University Club Bldg</b>	23c. DATE SIGNED <b>7/13/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>7-15-51</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Chester Ill.</b>
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DATE REC'D BY LOCAL REG. <b>7-13-51</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donker M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Schaack Funeral Home</b> ADDRESS <b>Steeleville Ill.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*John Ketter*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3880*

P. O. Address *Pharris 10 71*

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.