No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40046
Registrar's No. 10675

FILED DEC 12 1952

BIRTH NO. _____ REG. DIST. NO. 5115 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY ~~City~~
b. CITY OR TOWN St. Louis
c. LENGTH OF STAY (in this place) 3 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St. Louis
d. STREET ADDRESS (If rural, give location) 5841 Julian Ave.

2057
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3. NAME OF DECEASED (Type or Print)
a. (First) STUART
b. (Middle) NMI
c. (Last) CAMPBELL

4. DATE OF DEATH (Month) (Day) (Year) Nov. 19, 1952

5. SEX M.
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 9, 1883
9. AGE (In years last birthday) 69 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Serviceman
10b. KIND OF BUSINESS OR INDUSTRY Hearing Aid
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles Campbell
13b. MOTHER'S MAIDEN NAME Emma Jane Webster
14. NAME OF HUSBAND OR WIFE Dorothy Krausse Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) ****
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Dorothy Campbell — **ADDRESS** 5841 Julian

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pneumonia - broncho - — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4200

22. *I hereby certify that I attended the deceased from* Oct 28, 1952, *to* Nov 18, 1952, *that I last saw the deceased alive on* Nov 18, 1952, *and that death occurred at* 5:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE Julius Jensen (Degree or title)
23b. ADDRESS 3720 Washington Av St Louis
23c. DATE SIGNED 11/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 21, 1952
24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.
24d. LOCATION (City, town, or county) St. Louis (State) Missouri

DATE REC'D BY LOCAL REG. NOV 20 1952
REGISTRAR'S SIGNATURE J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS** Alexander & Sons, Inc. 6175 Delmar Blvd.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Juian Jenson
3820 Washington

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 Jos. E McCulloh

Licensed Embalmer No. 2460

P. O. Address 6135 Delmar

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.