

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24355

FILED AUG 2 - 1954

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6845

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 wks.</u>		e. STREET ADDRESS (If rural, give location) <u>520 Holly Hills</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Lutheran Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Winfred</u>	b. (Middle) <u>B.</u>	c. (Last) <u>Campbell</u>	(Month) <u>July</u>	(Day) <u>22</u>	(Year) <u>1954</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 26, 1879</u>	9. AGE (in years last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Witte Hdwe. Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jerseyville, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>William J. Campbell</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown Neely</u>	14. NAME OF HUSBAND OR WIFE <u>Lillian Campbell</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Lillian Campbell</u> ADDRESS <u>520 Holly Hills</u>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of cecum with metastases</u>		<u>5 mos.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c)		<u>?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>7/12/54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of cecum with metastases</u>	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) (STATE)
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? <u>152X</u>

22. I hereby certify that I attended the deceased from 6/27/54, 1954, to 7/22, 1954, that I last saw the deceased alive on 7/22/54, 1954, and that death occurred at 11:45pm., from the causes and on the date stated above.

23a. SIGNATURE <u>B. W. Klippel. M.D.</u> (Degree or title)	23b. ADDRESS <u>3701 Grandel Sq., St. Louis, Mo.</u>	23c. DATE SIGNED <u>7/23/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July 26, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri.</u>

DATE REC'D BY LOCAL REG. <u>JUL 23 1954</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Hoffmeister U&amp;L Co.</u> ADDRESS <u>7814 S. Broadway</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

B.W. Klippel,  
3701 Grandel Sq.

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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 *Harry J. Schumacher*  
Licensed Embalmer No. *267*

P. O. Address *7814 S. Wood*

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.