

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>915 N. Grand, St. Louis, Mo.</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>146 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>		STREET ADDRESS (If rural, give location) <u>3144 A Potomac St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDREW</u>		b. (Middle) <u>J.</u>	
c. (Last) <u>CAMPBELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 16, 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12/25/94</u>
9. AGE (in years last birthday) <u>60</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. 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	
11. BIRTHPLACE (City and State or Foreign Country) <u>Collierville, Tenn. /</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Andrew J. Campbell Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie L. Lynch</u>	
14. NAME OF HUSBAND OR WIFE <u>Frances M. Campbell</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW-1</u>		16. SOCIAL SECURITY NO. <u>497-01-7169</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>VA Hosp. Records, St. Louis, Mo.</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Nasopharynx with Metastasis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
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 <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) <u>VA m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>146X</u>			
22. I hereby certify that I attended the deceased from <u>9/22</u> , 19 <u>54</u> , to <u>2/16</u> , 19 <u>55</u> , and that death occurred at 3:15 A. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. H. Sparks M.D.O.</u>		23b. ADDRESS <u>VAH, St. Louis, Mo.</u>	
23c. DATE SIGNED <u>2/16/55</u>			
24a. BURIAL TION, REMOVAL (Specify) <u>Burial</u>		24b. NAME OF CEMETERY OR CREMATORY <u>St. Peter and Paul's Cemetery</u>	
24c. LOCATION (City, town, or county) (State) <u>7030 Gravois Ave Mo</u>			
DATE REC'D BY LOCAL REG. <u>FEB 16 1955</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ziegenhein Bros. 6409 Gravois Ave</u>	

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. W. Binkley*.....

Licensed Embalmer No. *365*.....

P. O. Address *St. Louis*.....

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.