

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14497

State File No.

FILED APR 26 1956

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3440

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3440	
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 township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 10 yrs		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d: FULL NAME OF HOSPITAL OR INSTITUTION 4211 West Kenerly Ave.				e. STREET ADDRESS (If rural, give location) 4211 West Kenerly Ave. 2119			
3. NAME OF DECEASED a. (First) MARY			b. (Middle)			c. (Last) CAMPBELL	
4. DATE OF DEATH April 2, 1956		5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH sept 5, 1900		9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Shelbyville, Tenn.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Shelbyville, Tenn.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME David Wilhoite		13b. MOTHER'S MAIDEN NAME Cardelia Marsh		14. NAME OF HUSBAND OR WIFE Fred Campbell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Fred Campbell ADDRESS 4211 W. Kenerly Ave.			
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) Cerebral Accident				INTERVAL BETWEEN ONSET AND DEATH 20 min			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
II. OTHER SIGNIFICANT CONDITIONS				DUE TO (b) Hypertension		3	
				DUE TO (c) Arteriosclerosis		7	
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)		3312	
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?			
22. I hereby certify that I attended the deceased from 2-18-56, 10 to 3-31, 1956 that I last saw the deceased alive on 3-31, 1956 and that death occurred at 7 A m., from the causes and on the date stated above.							
23a. SIGNATURE J.R. Barrett M.D. (Degree or title)				23b. ADDRESS 5086 Easton Ave		23c. DATE SIGNED 4-5-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE April 4, 1956		24c. NAME OF CEMETERY OR CREMATORY East St. Louis, Illinois		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. APR 5 1956		REGISTRAR'S SIGNATURE J. Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marshall Funeral Home-E. St. Louis, Ill.			

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 *Thomas M. Glabas*.....

Licensed Embalmer No..... 4479

P. O. Address 2205 Missouri
East St. Loui

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.