

FILED SEP 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29384

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2014

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. CITY OR TOWN <u>OVERLAND</u> <u>422X</u>	
c. LENGTH OF STAY (in this place) <u>21 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 HOSPITAL OR INSTITUTION <u>ST LOUIS CO HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>3439 ROYALTON</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOSEPH</u>	b. (Middle) <u>ROTHWELL</u>	c. (Last) <u>CAMPBELL</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>AUG. 25, 1956</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>3-12-1996</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONCRETE CONTRACTOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SELF</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST LOUIS MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>CLARENCE L CAMPBELL</u>	13b. MOTHER'S MAIDEN NAME <u>EMMA ROTHWELL</u>	14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or date of service) <u>WWI</u>	16. SOCIAL SECURITY # <u>367-18-1540</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS A W DOHRENDORF</u>	ADDRESS <u>4818 PENROSE</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 WKS</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepatic Tis.</u>				
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		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.		

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) (Min.)	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 Aug. 4, 1956, to Aug. 25, 1956, that I last saw the deceased alive on Aug. 25, 1956, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert W. O'Connell M.D.</u>	(Degree or title) <u>C</u>	23b. ADDRESS <u>601 S. Brentwood, Clayton 5, Mo.</u>	23c. DATE SIGNED <u>8/27/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-27-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FEEFEE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>PATTANVILLE MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>8-27-56</u>	REGISTRAR'S SIGNATURE <u>Harold R. Nornberg</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DEAR HILLEMANN</u>	ADDRESS <u>OVERLAND MO</u>
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Eva E. Helman*.....

Licensed Embalmer No. *3501*.....

P. O. Address *Overland 12/10*.....

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.