

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 16 1956

State File No. **35338**
Registrar's No. **8586**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) **79 years**
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Incarnate Word Hospital** e. STREET ADDRESS (If rural, give location) **1703634a Shaw Avenue**

3. NAME OF DECEASED (Type or Print) a. (First) **MARY** b. (Middle) **W.** c. (Last) **CAMPBELL** 4. DATE OF DEATH (Month) (Day) (Year) **SEPTEMBER 14, 1956**

5. SEX **female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **single** 8. DATE OF BIRTH **Feb. 5, 1877** 9. AGE (In years last birthday) **79** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **retired manager** 10b. KIND OF BUSINESS OR INDUSTRY **jewelry** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Smith L. Campbell** 13b. MOTHER'S MAIDEN NAME **Elizabeth Tonner** 14. NAME OF HUSBAND OR WIFE _____

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. **no** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. A. M. Wilson, 3630a Shaw Avenue**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Chronic myocarditis** **1950**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) **Diabetes** **1950**
DUE TO (c) **260.X**
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **Arthritis of lumbar vertebrae**

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **10-27-1950**, to **9-14-1956**, that I last saw the deceased alive on **9-14-1956**, and that death occurred at **11:35 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Philip Schuck M.D.** 23b. ADDRESS **1703 S Grand** 23c. DATE SIGNED **9-15-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **Sept. 18, 1956** 24c. NAME OF CEMETERY OR CREMATORY **Bellefontaine Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

DATE REC'D BY LOCAL REG. **SEP 18 1956** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.**

M. J. B. (Licensed Embalmer's Statement on Reverse Side)

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

8961 6 7 1088
NOV 19 1958

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 _____


Licensed Embalmer No. _____

P. O. Address _____

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.