

Health, Welfare
Public Service

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008260
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 490

300
-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Glendale		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Glendale ^{465/0}
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 793 Greenview		Length of stay in 1b 1 Year	d. STREET ADDRESS (If outside, give location) 793 Greenview
3. NAME OF DECEASED (Type or print) First LEE Middle D. Last CAMPAU SR.			4. DATE OF DEATH Month Feb. Day 15 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 24, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Piano Tuner-Self Employed		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
13a. FATHER'S NAME Alexander Campau		13b. MOTHER'S MAIDEN NAME Nellie O'Donnell	14. NAME OF HUSBAND OR WIFE Louise M. Campau
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give dates of service) No		16. SOCIAL SECURITY NO. 489-01-0398	17. INFORMANT Address Louise M. Campau 793 Greenview
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Large Coronary Thrombosis DUE TO (c) Generalized Arterio-sclerosis, moderate 1/4.			INTERVAL BETWEEN ONSET AND DEATH 15 min
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 12/21/57 to 2/15/58 and last saw ^{her} _{him} alive on 1/20/58 Death occurred at 3:30 P. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Paul King M.D.		22b. ADDRESS 689 E Big Bend	22c. DATE SIGNED 2/18/58
22d. BURIAL, CREMATION, REMOVAL (Specify) Removal	22e. DATE Feb. 18, 1958	22f. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	22g. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR Kriegshausen 4228 S. Kingshighway		25. DATE RECD. BY LOCAL REG. 2-17-58	26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Diphtheria, scarlet fever, etc.; must accompany standard certificate. All diseases in Part I must be causally related.

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 *William P. White*

Licensed Embalmer No. *4291*

P. O. Address *428 S. Kingsley*

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.