

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006961

STATE FILE NUMBER

FULL MAR 2 1959 Registration District No. _____ Primary Registration District No. _____ Registrar *2* 1490

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Phillips		4. STREET ADDRESS (If outside, give location) 4202 Delmar Ave.	
Length of stay in lb Life		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last MICHAEL CAMPBELL			4. DATE OF DEATH Month Day Year Feb. 10, 1959
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 14, 1950
9. AGE (In years last birthday) 8		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME Mildred Campbell	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Wilfred Campbell Address 3951 Evans Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Suffocation</i> DUE TO (b) <i>E 934.0</i> DUE TO (c) <i>46</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> DECEASED HOW INJURY OCCURRED (Enter cause of injury in PART II of item 18.) <i>Deceased fell in area street by</i> <i>towards on February 10th</i>	
20c. TIME OF INJURY Hour Month, Day, Year <i>2:10 a.m. 2 10 59</i>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>19th Street</i>	
20f. CITY, TOWN, OR LOCATION <i>St. Louis Mo</i>		20g. COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>537 A</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Regina Queen</i> (Degree or title)		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>2/12/59</i>		23a. BURIAL, CREMATION, REMOVAL <i>Removal</i>	
23b. DATE <i>2/14/59</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cemetery</i>	
23d. LOCATION (City, town, or county) <i>St. Louis County, Mo.</i>		(State)	
24. FUNERAL DIRECTOR <i>Charles J. Gates</i>		ADDRESS <i>4107 Finney</i>	
25. DATE RECD. BY LOCAL REG. <i>FEB 11 1959</i>		26. REGISTRAR'S SIGNATURE <i>Robert Smith, M.D.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Health, Welfare, Public Service

300

57

292

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 *Leighton Brown*

Licensed Embalmer No. 4580

P. O. Address 4107 Finney A

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.