

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006963  
STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar No. 1488

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Phillips		Length of stay in lb Life		d. STREET ADDRESS (If outside, give location) 4202 Delmar Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last ROSEMARY CAMPBELL			4. DATE OF DEATH Month Day Year Feb. 10, 1959		
5. SEX Female <sup>3</sup>	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 11, 1954	9. AGE (In years last birthday) 4	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) Nil		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) St. Louis, Missouri <sup>c</sup>	
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> 46 DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. OCCURRENCE OF INJURY OCCURRED (Enter date of injury in PART I or PART II) <i>suffocation occurred on 2/10/59 struck by tornado on February 10th</i>	
20c. TIME OF INJURY Hour Month, Day, Year 2:00 a.m. 2 10 59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 17 <sup>th</sup> Home		20f. CITY, TOWN, OR LOCATION AND COUNTY STATE St. Louis Mo	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>532 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>John M. Green</i> (Degree or title) <i>form 3</i>	
22b. ADDRESS 1300 Clark		22c. DATE SIGNED 2/14/59		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 2/14/59		23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR Charles J. Gates		ADDRESS 4107 Finney		25. DATE RECD. BY LOCAL REG. FEB 11 1959	
26. REGISTRAR'S SIGNATURE <i>Joan Smith, M.D.</i>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Rayton Swan* .....

Licensed Embalmer No. 4580 .....

P. O. Address 4107 Finney Av .....

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.