URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS APR 12 1960

60-012422
STATE FILE NUMBER

NDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 3355

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis (25)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis — Length of stay in 1b: 1 Day	c. CITY OR TOWN Jefferson Barracks — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda Hospital — Inside Limits Yes X No ☐	d. STREET ADDRESS (If outside, give location) 19 W. Kearney — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: ALEX	Middle: M.	Last: CAMPBELL	4. DATE OF DEATH Month: March	Day: 23	Year: 1960
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☐ Never Married ☐ Widowed X Divorced ☐	8. DATE OF BIRTH: 3/13/01	9. AGE (last birthday): 59	IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fire Chief	10b. KIND OF BUSINESS OR INDUSTRY: J.B. Fire Dept.	11. BIRTHPLACE (City and state or country): St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY: U.S.A.		
13a. FATHER'S NAME: John Campbell	13b. MOTHER'S MAIDEN NAME: Katherine Keller	14. NAME OF HUSBAND OR WIFE: Elizabeth (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: 488-16-3116	17. INFORMANT: Mrs. Katherine Campbell	Address: 19 W. Kearney		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Congestive H. Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic H. Disease - 1 yr.

DUE TO (c) 4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 May - 1954, to 3/23/60 and last saw ~~her~~ him alive on 3/22/60

Death occurred at 3:30 ~~pm~~ 3:30a.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Malcolm B Bawell M.D.	22b. ADDRESS: 4660 Maryland	22c. DATE SIGNED: 3/24/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: Mar. 26, 1960	23c. NAME OF CEMETERY OR CREMATORY: St. Paul Churchyard	23d. LOCATION (City, town, or county): Affton (23)	(State): Mo.

24. FUNERAL DIRECTOR: Fendler Und. Co.	ADDRESS: 7420 Michigan Ave. (11)	25. DATE RECD. BY LOCAL REG.: MAR 24 1960	26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

Mr Malcom B. Bawell
4660 Maryland Ave.
Fo 1-6074
10-12 - 2-4 Thurs.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 376

P. O. Address 7420 M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.