

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017464

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3980** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS.300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED APR 17 1963**

1. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS, MO.** Length of stay in 1b **3 Mo.**

c. CITY OR TOWN **St. Louis** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST. LOUIS CITY HOSP. # 1** Inside Limits Yes  No  d. STREET ADDRESS **4928 Arlington Ave.** (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **MARGUERITE** Middle **S.** Last **CAMPBELL** 4. DATE OF DEATH Month **4** Day **6** Year **63**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **10-29-87** 9. AGE (last birthday) **75** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Home** 11. BIRTHPLACE (City and state or country) **Quincy, Ill.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **John A. Steinback** 13b. MOTHER'S MAIDEN NAME **Barbara Weisenberger** 14. NAME OF HUSBAND OR WIFE **William R. Campbell**

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. 17. INFORMANT Address **William R. Campbell, 1030 Schulte**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Pulmonary emboli + thrombophlebitis of left leg.**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **463x**  
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease, condition given in PART I (a). **1) Anemia 2) hypoproteinemia 3) Urinary tract infection**

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

19. WAS AUTOPSY PERFORMED? YES  NO  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 **5:10** Month, Day, Year **1-3-63**

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 **St. Louis** COUNTY **St. Louis** STATE **Mo.**

21. I attended the deceased from **1-3-63** to **4-6-63** and last saw her **alive** on **4-6-63**. Death occurred at **5:10** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Thomas Ridzon M.D.** (Degree or title) 22b. ADDRESS **1515 LAFAYETTE AVE.** 22c. DATE SIGNED **4-6-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **cremation** 23b. DATE **4-9-63** 23c. NAME OF CEMETERY OR CREMATORY **Oak Grove Crematory** 23d. LOCATION (City, town, or county) (State) **St. Louis County Mo.**

24. FUNERAL DIRECTOR **Drehmann-Harral, 1905 Union Blvd.** ADDRESS 25. DATE RECD. BY LOCAL REG. **APR 9 1963** 26. REGISTRAR'S SIGNATURE **Paul Smith, M.D.**

Ridzon  
USE BLACK INK OR TYPEWRITER RIBBON

**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 W E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis, Mo.

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.