

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-050175**

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 4011

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JAN 3 1964**

CVS 300  
Rev. 4/59

4015

2 4015

3

4

5

6

7

8

9 4201

10

11

12 86-2

13

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

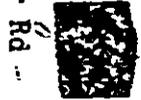
MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>St. Louis</b>                   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Ballwin</b>  |   | Length of stay in 1b  | c. CITY OR TOWN <b>Ballwin</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Pine Crest Nursing Home</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>Manchester Road</b>   |
| 3. NAME OF DECEASED<br>(Type or print) First <b>AUGUSTA</b> Middle Last <b>CAMPEN</b>  |   | 4. DATE OF DEATH<br>Month <b>December</b> Day <b>29</b> Year <b>1963</b>  |   |
| 5. SEX<br><b>female</b>  | 6. COLOR OR RACE<br><b>white</b>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>11/9/1882</b> 9. AGE (last birthday) <b>81</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>at home</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>housewife</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Canton, Missouri</b>   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |   | 13. NAME OF HUSBAND OR WIFE<br><b>-</b>   |   |
| 13a. FATHER'S NAME<br><b>Joseph A. Campen</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Anna Kohlmeier</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |   | 16. SOCIAL SECURITY NO. 17. INFORMANT Address<br><b>Carl Campen 7399 Bedford Ave U. City, Mo.</b>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Heart Block</b>   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 weeks</b>  |
| DUE TO (b) <b>Myocardial Infarction</b>  |   |   | <b>3 weeks</b>  |
| DUE TO (c) <b>Coronary Sclerosis</b>   |   |   | <b>Don't know</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Arterio-sclerosis, senility</b>  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 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<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.  | Month, Day, Year  |   |   |
| 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 <b>Nov. 9, 1963</b> to <b>Dec. 28, 63</b> and last saw him alive on <b>Dec. 28, 1963</b><br>Death occurred at <b>9:45 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |
| 22a. SIGNATURE (Do not sign if illegible)<br><b>Robert W. Zaffrey, M.D.</b>  |   | 22b. ADDRESS<br><b>Des Peres, Mo. 13,206 Manchester Rd.</b>   | 22c. DATE SIGNED<br><b>12-30-63</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>   | 23b. DATE<br><b>12/31/63</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Oak Grove Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County Missouri</b>   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Lupton Chapel, Inc 7233 Delmar Blvd</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>12-30-63</b>   | 26. REGISTRAR'S SIGNATURE<br><b>John G. Murphy, M.D.</b>  |

County Campen  
Dr. Laffey  
141 and Manchester Rd  
Mon 8-12 A.m.



0 18

8-08

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 Clarence S. Murray  
Licensed Embalmer No. 4011  
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.

Missouri County St. Louis  
City of St. Louis  
No. 1000  
Date