

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

10179

**1. PLACE OF DEATH**

County ..... Registration District No. 781  
Township ..... Primary Registration District No. 1733  
City St. Louis (No. City Hospital)

File No. ....  
Registered No. 2198  
St. .... Ward)

**2. FULL NAME**

20602 Mary Ann Cambron

(a) Residence, No. 1948 Palms St. - 26 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 4-1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 9 hrs. or 2 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER 13. NAME Lester Cambron

14. BIRTHPLACE (CITY OR TOWN) Perryville (STATE OR COUNTRY) Miss.

MOTHER 15. MAIDEN NAME Carrie Almus

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Miss.

17. INFORMANT (ADDRESS) Hospital information

18. BURIAL, CREMATION, OR REMOVAL PLACE Frederica DATE 3/8 1932

19. UNDERTAKER (ADDRESS) Ludwig & Sons

20. FILED STAR - 7 1932 City Hospital Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 4th 1932, to Mar. 4th 1932

I last saw her alive on Mar. 4th 1932 - Death is said

to have occurred on the date stated above, at 9:00 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

1. Prematurity (8 months)

Other contributory causes of importance

Name of operation ..... Date of .....  
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify J. M. Macintosh, M. D.  
(Signed) City Hospital  
(Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Cambron