

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

Do not use this space.

18139

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **203**

City **St. Louis, Mo.** (No. **City**)

City **St. Louis, Mo.** (No. **City**)

File No.

Registered No. **4345**

St. Ward)

2. FULL NAME

(a) Residence, No. **5800 Arsenal** St., **13** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **abt. 1862**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **abt 71 Unknown**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**

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) (STATE OR COUNTRY) **Mississippi**

13. NAME **David Campbell**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi**

15. MAIDEN NAME **Sophie Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi**

17. INFORMANT (ADDRESS) **Mrs. M. Ellinger 5800 Arsenal St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father's Burial** DATE **5-19-1933**

19. UNDERTAKER (ADDRESS) **J. H. Brebeck 2534 Shepherd**

20. FILED **MAY 18 1933** **J. H. Brebeck** Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 11, 1933**

I HEREBY CERTIFY, That I attended deceased from **May 1, 1933** to **May 11, 1933**
I last saw him alive on **May 11, 1933** Death is said to have occurred on the date stated above, at **3:55 p. m.**

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

Myocarditis chronic Date of onset **1/19/32**

Other contributory causes of importance: **Senility**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **No.**

23. If death was due to external causes (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? **No.**
If so, specify.....

(Signed) **Paul T. May**, M. D.
(Address) **City Hosp. No. 1.**

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.

