MAR 24 1934

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

Do not use this space.

791
1003

6642

File No.
Registered No. 1488

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis Mo. (No. 1104a, Forest Ave. St. ..... Ward)

2. FULL NAME Margaret E. Campbell

(a) Residence, No. 1104a Forest St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15 - 1873

7. AGE: YEARS 60 | MONTHS 3 | DAYS 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
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) Ill

FATHER

13. NAME Samuel W. Campbell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eden Ill

MOTHER

15. MAIDEN NAME Sarah J. Stemphill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marissa Ill

17. INFORMANT (ADDRESS) Wm M. Pitts 1104a Forest Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marissa Ill DATE Feb. 12 1934

19. UNDERTAKER (ADDRESS) Ziegenheim Bros. 2623 Cherokee St.

20. FILED [illegible] 12, 1934 J. T. Bredeck Registrar. 2/10/34

MEDICAL CERTIFICATE OF DEATH

Prophylactic in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ~~3:30~~ 5:15 a.m. m.

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

Chro Myocarditis

Date of onset

93C

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) Harold Schultz M.D.

(Address) Dep Coroner

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.