FEB 11 1936

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

Do not use this space.

3794

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1008

City St Louis (No. City Hospital 1 St. ..... Ward)

File No. .....

Registered No. 1047

2. FULL NAME Adele Campbell

(a) Residence, No. 6919a So Broadway St., 1 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9, 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	46	1	18	

OCCUPATION

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

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) St. Louis Mo

FATHER

13. NAME John Yockey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripely Ohio

MOTHER

15. MAIDEN NAME Emma Bridgewater

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vincennes Ind

17. INFORMANT (ADDRESS) Edward Campbell 6919 So. Broadway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakdale Cem. DATE 1-30- 1936

19. UNDERTAKER (ADDRESS) C. Hoffmeister U. L. Co. 7814 So. Broadway

20. FILED JAN 29 1936 19 J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1936

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 4.30 p.m.

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

	Date of onset
Fatty liver	
Cerebral Edema	8
Acute Alcoholism	8

Other contributory causes of importance: 1 yr

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

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

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 Schulz, M. D.

(Address) Dipton