

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. **791**
Primary Registration District No. **1008**
(No. 3628 Hydraulic Ave.)

File No. **22059**
Registered No. **5811**
St. _____ Ward _____

2. FULL NAME Edna Campbell

(a) Residence, No. 3628 Hydraulic Ave. St. 16 Ward.

(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 Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles C. Campbell | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25th, 1891. | | | | |
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| 35 | 45 | 6 | 16 | |
| 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..... |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June, 11th, 1937**

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1937 to June 11, 1937

I last saw him alive on June 11, 1937 Death is said to have occurred on the date stated above, at 9 A.M.

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

Chronic myocarditis

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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. no

Manner of injury none

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) Carroll J. Pitt, M. D.

(Address) 3805 S. Broadway

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

MOTHER FATHER

13. NAME **Henry Brormann**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Charles Campbell**
(ADDRESS) **3628 Hydraulic Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset B. Park** DATE **June, 14 - 1937**

19. UNDERTAKER **Wacker-Helderle**
(ADDRESS) **2331 S. Broadway**

20. FILED **JUN 14 1937** *J. T. Bredeck* Registrar.

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

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.

