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.

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

Do not use this space.

39880

DEC 13 1937

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township St Louis Mo Primary Registration District No. 1003 Registered No. 10867

City ..... (No. 4919 Natl Bridge St. ..... Ward)

2. FULL NAME Susan B Chassels

(a) Residence, No. 4919 Natl Bridge St. 7 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 W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-5-1880

7. AGE 57 YEARS 2 MONTHS 15 DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife
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) Marissa Illinois

FATHER
13. NAME Samuel W Campbell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Sarah Jane Hemphill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Wm Chassels 4919 Natl Bdge

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marissa Ill DATE 11/21 1937

19. UNDERTAKER (ADDRESS) Sullivan 2849 No Euclid

20. FILED NOV 24 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/3, 1937, to Nov 20, 1937

I last saw her alive on 5 P.M. 11/20 1937. Death is said to have occurred on the date stated above, at 9:30 p.m.

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

Cerebral Syncope — Date of onset

Other contributory causes of importance: Apoplexy

Name of operation None Date of X

What test confirmed diagnosis? None Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury ....., 19....

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X

Nature of injury

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

If so, specify .....

(Signed) Howard M. Foster, M. D.

(Address) 5059 St. Louis Ave

10867
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