

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

469  
Do not use this space.

1. PLACE OF DEATH 1038  
 (a) County ..... Registration District No. 791 2  
 (b) Township ..... Primary Registration District No. 1003 Registered No. 325  
 (c) City St. Louis, Mo. (d) Street No. 2910 TEXAS AVENUE St. TEXAS AVENUE  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY ANN CAMPBELL 514  
 (a) Residence, No. 2910 TEXAS AVENUE St. 24 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED WIDOWED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JAMES WALTER CAMPBELL  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 2, 1857  
 7. AGE YEARS 80 MONTHS 4 DAYS 7 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. HOUSEWIFE  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation 60 YRS.  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI 6  
 FATHER 13. NAME RICHARD HATRIDGE 0  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI 0  
 MOTHER 15. MAIDEN NAME UNKNOWN  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI  
 17. INFORMANT Mrs. Lizzie Cavens  
 (ADDRESS) 2910 Texas Avenue  
 18. BURIAL, CREMATION, OR REMOVAL PLACE hanton, Mo. DATE Jan. 12, 1938  
 19. FUNERAL DIRECTOR Albert H. Hoop  
 (ADDRESS) 429 N. Euclid Ave.  
 20. FILED JAN 10 1938 J. Bredeck  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 1938  
 22. I HEREBY CERTIFY That I attended deceased from Dec. 20, 1937 to Jan. 9, 1938  
 I last saw her alive on Jan. 7, 1938 Death is said to have occurred on the date stated above, at 3:00 PM  
 The principal cause of death and related causes of importance were as follows:  
chronic myocarditis  
 Date of onset UNKNOWN  
 Other contributory causes of importance: None  
 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?  
 If so, specify .....  
 (Signed) D. J. M. Hayes M. D.  
 (Address) 2025 Jefferson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Albert H. Hoyer*

Licensed Embalmer No. 2971

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**