

REC'D APR 11 1938

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

9225  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1008**  
(c) City **St. Louis, Mo.** (d) Street No. **De Paul Hospital** St.  
(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 **Jeanne Campbell 5-14**

(a) Residence, No. **5026 Washington** St. **12**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Charles Campbell**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 5, 1874**  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **63 9 17**

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Nil**  
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)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Switzerland**

FATHER 13. NAME **Alexander Guinand**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Switzerland**

MOTHER 15. MAIDEN NAME **Marie Hueguenin**

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

17. INFORMANT **Leila Mackay**  
(ADDRESS) **Fairmount Hotel St. Louis, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Lake Charles** DATE **3/25/38**

19. FUNERAL DIRECTOR **Edith E. Ambruster**  
(ADDRESS) **4234 Manchester**

20. FILE NO. **MAR 25 1938** **J. F. Bredeck**  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-22-38**

22. I HEREBY CERTIFY, That I attended deceased from **3-8-38**, 19**38** to **3-22-38**, 19**38**

I last saw her alive on **3-22-38**, 19**38** Death is said

to have occurred on the date stated above, at **2 P.** m.

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

**Acute Coronary Occlusion**  
**Neuriplegia caused by an embolus (Crown)**  
Date of onset **3-19-38**

Other contributory causes of importance:

**946**

Name of operation ..... Date of .....  
What test confirmed diagnosis? **Chemical** 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? **No**

If so, specify **Chloroform**

(Signed) **Walter Bledsoe**, M. D.  
(Address) **Walter Bledsoe**

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.

APR 7 1952

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck, Licensed Embalmer No. 1284

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

L. E.

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

working under my personal supervision.

Signed \_\_\_\_\_

*Florenz Eynck*  
1284

Licensed Embalmer No. 1284

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