

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

34395  
 Do not use this space.

REC'D NOV 16 1938

**1. PLACE OF DEATH**

(a) County..... 2 Registration District No..... 1008  
 (b) Township..... 1 Primary Registration District No.....  
 (c) City..... St. Louis (d) Street No..... 2209 Hebert St. 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** 514 Ellen Campbell

(a) Residence, No..... 2209 Hebert St. St. 20 (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 (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
 84 Unknown Unknown

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
 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) Mo. C

FATHER 13. NAME Michael Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER 15. MAIDEN NAME Marguerite O'Hanlon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

17. INFORMANT Little Sisters of Poor (ADDRESS) 2209 Hebert St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Oct. 29, 1938

19. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly (ADDRESS) 3840 Lindell Blvd.

20. FILED OCT 29 1938 J. Bredeck Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1938 to Oct. 28, 1938. I last saw him alive on Oct. 28, 1938. Death is said to have occurred on the date stated above, at 9:00 a.m.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Chronic Parenchymatous Nephritis

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? Date of injury... 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 (Signed) Anthony A. Prekavala M. D. (Address) 1525 a Cass Ave

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed

*Stanley Marchlewski*

Licensed Embalmer No.

*2868*

P. O. Address

*3840 Lindell*

**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.)**

**If this body is not embalmed, above space should be left blank.**