

REC'D APR 12 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 791  
CERTIFICATE OF DEATH 1003

8395  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. 2160  
(c) City St. Louis (d) Street No. 3526 N. Taylor Ave 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 76 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary M Campbell

(a) Residence, No. 3526 N. Taylor Ave St. 10 (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2nd, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
76 6 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
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) St. Louis (STATE OR COUNTRY) Mo

13. NAME John McCarthy

14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

15. MAIDEN NAME Margaret Benshie

16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

17. INFORMANT Lida Kenady (ADDRESS) 3526 N. Taylor ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemt DATE 3/8/39

19. FUNERAL DIRECTOR Hannigan & Sheahan Und Co (ADDRESS) 4415 Washington Blvd.

20. FILED MAR 8 1939 J. D. Bricker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/5/39 1939

22. I HEREBY CERTIFY, That I, attended deceased from Jan 26, 1939, to Mar 5, 1939. I last saw her alive on Mar 4, 1939. Death is said to have occurred on the date stated above, at 9:35a.m.  
The principal cause of death and related causes of importance were as follows:  
Myocardial Infarction Date of onset  
Arteriosclerosis General  
Senile Dementia

Other contributory causes of importance:  
None

Name of operation None Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) W. B. ... M. D.  
(Address) W. B. ...

K. E.—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.

*Dr. Seabold  
Canton, B. G. 12-2*

**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 *Albert G. Hoff*

Licensed Embalmer No. *2991*

P. O. Address.....

**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.**