REC'D APR 12 1939

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

791
1003

Do not use this space. 9199

Registered No. 2964

1. PLACE OF DEATH

(a) County 2 Registration District No.

(b) Township 1 Primary Registration District No.

(c) City St. Louis (d) Street No. 3521 Laclede 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 11 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 514 Sarah Campbell

(a) Residence, No. 3521 Laclede Ave. St. 21
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	C	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1881

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
Abt. 58	—	—	

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 1

FATHER

13. NAME Henry Holland 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 1

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT John Campbell
(ADDRESS) 3521 Laclede Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE E. St. Louis, Ill DATE 3/30/39 19

19. FUNERAL DIRECTOR R. M. C. Green
(ADDRESS) 3517 Laclede Ave.

20. FILED MAR 29 1939 J. D. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/27/39 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to Mar. 27, 1939

I last saw her alive on Mar. 27, 1939. Death is said to have occurred on the date stated above, at 3:45 a. m.

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

	Date of onset
Congestive Heart Failure caused by hypertension	Feb. 1st.

Other contributory causes of importance: Hypertension 102 1 yr.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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 1

(Signed) W A Young, M. D.

(Address) 2316 Market

(Licensed Embalmer's Statement on Reverse Side)

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, ..., Licensed Embalmer No. 1173

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 A. M. Green

Licensed Embalmer No. 1173

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