DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8774

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2257

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3850a DeTonty St. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3850a DeTonty St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ANGLELINE O. LA MAR

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Oliver

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 23 1857
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	0	13	hr. min.

9. Birthplace Leiters Ford, Ind. 1
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business At Home

FATHER
12. Name Christopher Campbell 1
13. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Angleline Sutley
15. Birthplace unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Jas B. Adams
(b) Address 3850a DeTonty St.

17. (a) Removal 1 (b) Date thereof 3/8/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Carmi, Ill

18. (a) Signature of funeral director A W McLaughlin
(b) Address 2301 Lafayette Av

19. (a) MAR 7 1940 (b) [signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day March
year 1940 hour 1 minute A M.

21. I hereby certify that I attended the deceased from October, 1934, to March, 1940
that I last saw her alive on March 5, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Chronic myocarditis	
Due to	
Due to	
Other conditions Hypertension (arterial) (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 1

23. Signature Henry A. Hassell (M. D. ~~or other~~)
Address 607 N. Grand Bl. Date signed 3-6-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 1 X19511

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. L. A. Clapp

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.