

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

Do not use this space.

25846

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (In **Central Hospital**)

File No. ....  
Registered No. **7702**  
\*St. .... (Ward)

**2. FULL NAME**

(a) Residence. No. **946 Hickman** St., **2<sup>nd</sup>** Ward.  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred **2** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** **Male** **4. COLOR OR RACE** **White** **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** **Sept 7 - 1916**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **1101 931**  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) **Illinois**

**10. NAME OF FATHER** **Ben Campalla**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** **St. Louis**  
(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER** **Josephine Senover**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** **St. Louis**  
(STATE OR COUNTRY)

**PARENTS**

**14. INFORMANT** **Dr. Senover**  
(Address) **City, Mo.**

**15. FILED** **UL 26 1928** **St. Louis** REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **July 28 1928**

**17. I HEREBY CERTIFY** That I attended deceased from **July 9 1928**, to **July 28 1928** that I last saw him alive on **July 21 1928** and that death occurred, on the date stated above, at **4 - 95**.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Impression of chest non-tubercular cause unknown**  
(duration) yrs. mos. da.

**CONTRIBUTORY (SECONDARY)** **acute cardiac acute failure toxic myocarditis**  
(duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED** **from Impression of Chest**

**8. DID AN OPERATION PRECEDE DEATH?** **NO** DATE OF

**WHAT TEST CONFIRMED DIAGNOSIS?** **NO**

(Signed) **John H. Senover** M.D.  
1725 1928 (Address) **City, Mo.**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** **Willisville Ill**

**DATE OF BURIAL** **7-28 1928**

**20. UNDERTAKER** **Cullinane Bros**

**ADDRESS** **St. Louis**

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.

Campalla