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

Do not use this space.

24392

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 24392

Township ..... Primary Registration District No. 1003 Registered No. 6530

City St Louis (No. 4119 a Fairfax St. ..... Ward)

2. FULL NAME Annie Champ Nusam

(a) Residence. No. 4119 a Fairfax St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	Colored	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April-10-1878

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
52	2	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) Private Families
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Joe Campbell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Mary Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) St Francis Co. Mo.

14. INFORMANT Mary Campbell
(Address) 4119 a Fairfax av

15. FILED JUL -7 1930 19 Max C Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5 1930.

17. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1930, to July 5, 1930 that I last saw her alive on July 5, 1930 and that death occurred, on the date stated above, at 7 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1. Acute Cerebral Apoplexy & Hemiplegia
2. Chr. Cardio-vascular Disease
3. Myocardial Insufficiency
(duration) 0 yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis & Benign Hypertension (duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED 131 95 B 82 A
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Routine Physical Exam. Rab. Diag
(Signed) William E. Rubenstein, M. D.
, 19 (Address) 3908 Finney Av.

*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	DATE OF BURIAL
Greenwood Washington Park	7/8 1930
20. UNDERTAKER	ADDRESS
Manuel Undertaking Co	4059 Finney

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.