

REC'D SEP 12 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
27461
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **1008**
 (b) Township..... Primary Registration District No. **3947 Gravois Avenue** Registered No. **7475**
 (c) City **St. Louis** (d) Street No. **5111** 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mathilda Campbell
 (a) Residence, No. **3947 Gravois Avenue** St. **16** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Campbell			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 26, 1886			
7. AGE	YEARS 51	MONTHS 10	DAYS 24
			If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		Housework
	9. Industry or business in which work was done, as saw mill, bank, etc.		At Home
	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) St. Louis, Missouri			
FATHER	13. NAME Karl Stocke		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany		
MOTHER	15. MAIDEN NAME Mary Dressell		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri		
17. INFORMANT (ADDRESS) John Campbell 3947 Gravois Avenue			
18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Park DATE August 24, 1938			
19. FUNERAL DIRECTOR (ADDRESS) Wm. J. Robert 1905 So. Grand Bldg.			
20. FILED AUG 23 1938 J. P. Budick Local Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 20th, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 11 1938** to **Aug 20 1938**
 I last saw her alive on **Aug 20 1938**. Death is said to have occurred on the date stated above, at **11:55 P.M.**

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

Cerebral Apoplexy

Other contributory causes of importance:

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.....
 (Signed) **Edwin J. Felt**, M. D.
 (Address) **3803 So. Broadway**

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Robert

Licensed Embalmer No. *502*

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.)