

REC'D MAR 13 1939

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

4639
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **or Saint Louis** (d) Street No. **Homer G. Phillips Hospital** 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 **Unavailable** (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Lula Campbell**

(a) Residence, No. **4226 W. St. Ferdinand Ave. St. //** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **October 3, 1877**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 4 4

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) **Jan. 1939** 11. Total time (years) spent in this occupation **Unk.**

12. BIRTHPLACE (CITY OR TOWN) **Shelbyville** /
(STATE OR COUNTRY) **Tennessee**

FATHER 13. NAME **Edward Evans** /

14. BIRTHPLACE (CITY OR TOWN) **Shelbyville** /
(STATE OR COUNTRY) **Tennessee**

MOTHER 15. MAIDEN NAME **Luticia Gilliam**

16. BIRTHPLACE (CITY OR TOWN) **Shelbyville** /
(STATE OR COUNTRY) **Tennessee**

17. INFORMANT **George Davis**
(ADDRESS) **4226 W. St. Ferdinand**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Nashville, Tenn.** DATE **Feb. 10, 1939**

19. FUNERAL DIRECTOR (NAME) **Charles J. Gates**
(ADDRESS) **4107-09 Finney Avenue**

20. FILED **SEP 10 1939** **J. B. Budeck**
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 7th 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 31 1939** to **February 7th 1939**

I last saw h. or alive on **February 7th, 1939**. Death is said to have occurred on the date stated above, at **4:15 p.m.**
The principal cause of death and related causes of importance were as follows:

Pulmonary edema non tubercular / **no pneumonia** Date of onset **1/31/39**

Other contributory causes of importance:
Encephalomalacia, non venereal

Name of operation **None** Date of -----
What test confirmed diagnosis? **Clinical** Was there an autopsy? **Yes**

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 -----

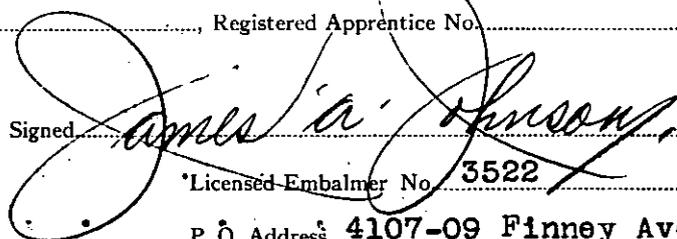
24. Was disease or injury in any way related to occupation of deceased? **NO**
If so, specify **Arterial Corvium!** M. D.
(Signed) **Homer G. Phillips Hosp.**
(Address)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....**James A. Johnson**....., Registered Apprentice No.
working under my personal supervision.

Signed .....

Licensed Embalmer No. **3522**

P. O. Address: **4107-09 Finney Avenue**

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

If this body is not embalmed, above space should be left blank.