DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 3 2 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41218

Registration District No. 791 Primary Registration District No. Registrar's No. 10341

1. PLACE OF DEATH: 1008 2
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None 4314 Wallace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community At Home
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County
(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4314 Wallace Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Marie E. Campbell 514
3. (b) If veteran, name war
3. (c) Social Security No. 490-01-2470
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 9 1913 (Month) (Day) (Year)

8. AGE: Years 26 Months 5 Days 20 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Stenographer
11. Industry or business Certaineed Prod Co
FATHER
12. Name Charles E. Campbell
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mada Jessen
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Walter Campbell
(b) Address 6969 Bancroft Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave
19. (a) DEC 4 1939 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Pronounced Dead 1/2 day 79
year 1939 hour 8 minute 00 P. M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.
Immediate cause of death Carbon Monoxide Poisoning, suffered
Due to as a result of Gas
Due to Heater without Vent Pipe
Other conditions (Include pregnancy within 3 months of death) Being turned on in
Major findings of operations Basement of Home
Exact Time Unknown
Of autopsy Accident

Duration

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) Accident
(b) Date of occurrence about 12/1/39
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury 4
23. Signature [signature] (M. D. or other)
Address Forum Date signed 12/4 39

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Frank J Owens

Licensed Embalmer No. 7745

P. O. Address.....

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

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