

311'68

BUREAU OF THE CENSUS

791

## STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

8231

Registration District No.

1008

Primary Registration District No.

## 1. PLACE OF DEATH:

- (a) County St. Louis, Mo.
- (b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution  
Homer Phillips  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)
- In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME George T. Champion 515

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color 51. race \_\_\_\_\_ 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 9, 1939  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
4 14 hr. \_\_\_\_\_ min.9. Birthplace St. Louis, Mo.  
None town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business None12. Name Raymond Champion13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)14. Maiden name Willie M. Rogers  
(City, town, or county) (State or foreign country)15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Willie Champion(b) Address 819 1/2 N. 21st St.17. (a) Burial (b) Date thereof 9/25/39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Washington Park

(c) Place: burial or cremation

18. (a) Signature of funeral director Mary Wade(b) Address 42 1/2 N. Furry Ave.19. (a) SEP 25 1939  
(Date received local Registrar) (Registrar's Signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County 1
- (c) City or town St. Louis.  
(If outside city or town limits, write "RURAL")
- (d) Street No. 819-A N. 21st.  
(If rural, give location)
- (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23rd.  
year 1939. hour 2:55 minute A.M. M.21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.Immediate cause of death Congenital DebilityDue to Premature Birth

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_
- (b) Date of occurrence \_\_\_\_\_
- (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (Means of injury)23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_  
Address Albany, Mo. Date signed 9-25-39

*Not embalmed*

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

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