

S. No. 2
M-2-43
5-17-39
L. Case

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22857

State File No.

6653

FILED JUL 31 1943 818

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3433rd Laclede ave
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3433rd Laclede ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALEX CHAMPION

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

4. Sex Male 5. Color or face Col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eizabeth Champion 6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased April 5 1900
(Month) (Day) (Year)

8. AGE: Years 43 Months 3 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Jenn 1
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business

12. Name Will Champion
13. Birthplace Jenn 1
(City, town, or county) (State or foreign country)
14. Maiden name Danahla Robinson
15. Birthplace Jenn 1
(City, town, or county) (State or foreign country)

16. (a) Informant Eizabeth Champion
(b) Address 3433rd Laclede ave

17. (a) Burial (b) Date thereof July 23/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. A. Green
(b) Address 2713 Franklin ave

19. (a) FILE 22 1013 (b) J. J. Brossick
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 1943
year 1943 hour 3 minute 19 M.

21. I hereby certify that I attended the deceased from 24 1943 to 7 5/19 43
that I last saw him alive on 7 1/19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Infarction
Cause not known

Due to _____
Due to 9:30
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
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 work) (e) Means of injury _____
23. Signature Langston B. Key (M. D. or other) _____
Address 3146 Laclede Date signed 7/20/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

J. A. Green

Licensed Embalmer No.....

2963

P.O. Address.....

2915 Franklin

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, fact should be so stated above.