

8-7-51  
 FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

24405

State File No. ....

6548

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) OR TOWNSHIP <b>17 yrs.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Masonic Home Hospital</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City St. Louis</b>	
		d. STREET ADDRESS (If rural, give location) <b>5351 Delmar</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Myra</b>		b. (Middle) <b>Lydia</b>	
		c. (Last) <b>Champion</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>July 22 1951</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>March 2, 1863</b>		9. AGE (In years last birthday) <b>88</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	
11. BIRTHPLACE (State or foreign country) <b>Michigan</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Truman G. Cowles</b>		13b. MOTHER'S MAIDEN NAME <b>Marion Wheelock</b>	
14. NAME OF HUSBAND OR WIFE <b>Charles Cobb Champion</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>James P. ... Supt.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. ANTECEDENT CAUSES DUE TO (a) <b>Hypertension</b>	
		DUE TO (b) _____	
		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>3rd floor</b>			
22. I hereby certify that I attended the deceased from <b>July 6, 1935</b> , to <b>July 22, 1951</b> , that I last saw the deceased alive on <b>July 21, 1951</b> , and that death occurred at <b>5:20 AM</b> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Alexander ...</b>		23b. ADDRESS <b>508 N. Grand Blvd.</b>	
23c. DATE SIGNED <b>7/22/51.</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Crementation</b>		24b. DATE <b>7/23/51</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>VALHALLA, CREMATORY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO.</b>	
DATE REC'D BY LOCAL HEALTH DEPT. <b>JUL 23 1951</b>		REGISTRAR'S SIGNATURE <b>J. S. ...</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Alexander ...</b>		ADDRESS <b>6175 Delmar</b>	

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Joseph E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Pellmar

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.