

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

19276

State File No. ....

FILED JUN 4 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5184**

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. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4514 Evans</b>		d. STREET ADDRESS (If rural, give location) <b>4514 Evans</b>	

3. NAME OF DECEASED (Type or Print) <b>WESLEY</b>			a. (First)	b. (Middle)	c. (Last) <b>CHAMP</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>5-21-53</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 20, 1905</b>		9. AGE (In years last birthday) <b>47</b>	IF UNDER 1 YEAR Months Days	IF UNDER 18 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Art Brick Co.</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>William Champ</b>		13b. MOTHER'S MAIDEN NAME <b>Josie Carter</b>		14. NAME OF HUSBAND OR WIFE <b>Hattie Champ</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>Yes W.W.#2</b>		16. SOCIAL SECURITY NO. <b>492-03-1584</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Hattie Champ 4514 Evans Ave.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho-Pneumonia</b>		DUE TO (b) <b>Bronchial Asthma</b>				4 Months
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (c) <b>-</b>				
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		--				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</b>				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>241X</b>			

22. I hereby certify that I attended the deceased from Jan 20, 1953, to May 19, 1953, that I last saw the deceased alive on May 21, 1953, and that death occurred at 3 A m., from the causes and on the date stated above.

23a. SIGNATURE <b>Wm S. Rubenstein M.D.</b>		(Degree or title)		23b. ADDRESS <b>4114 Easton Ave St Louis Mo.</b>		23c. DATE SIGNED <b>5/23/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5-25-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Music Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Music, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>MAY 23 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ellis Funeral Home, Inc. 2820 Stoddard St.</b>	
--	--	--	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

1991

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 Fulton E. Culbertson

Licensed Embalmer No. 1198

P. O. Address St. Louis

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

If this body is not embalmed; fact should be so stated above.