

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

37808

1. PLACE OF DEATH

County St. Louis Registration District No. 790
 Township _____ Primary Registration District No. 6033^e
 City Clayton, Mo. (No. 3 - T.P.R. Clayton Mo.) _____ Ward _____

2. FULL NAME

William Champ
 (a) Residence, No. T.P.R. #3 Clayton St., _____ Ward. _____
 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred _____ yrs. mos. ds. How long in U.S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	9. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ <u>Josephine Champ</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-25-1874</u>		
7. AGE	YEARS	MONTHS
	<u>59</u>	<u>11</u>
		DAYS
		<u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Day</u>		
10. Date deceased last worked at this occupation (month and year) _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
13. NAME <u>Samuel Champ</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>		
15. MAIDEN NAME <u>not known</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>		
17. INFORMANT <u>Josephine Champ</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	
<u>none</u>	<u>Dec 3</u>	<u>1933</u>
19. UNDERTAKER <u>J. C. Lewis</u>		
(ADDRESS) <u>1401 Webster & Stone Mo.</u>		
20. FILED <u>12/27</u> 19 <u>33</u> <u>W. J. Luckenbach</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1933, to Nov 26, 1933
 I last saw him alive on Nov 26, 1933 Death is said to have occurred on the date stated above, at 12:18 m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 1911
Arterio-sclerosis
 Other contributory causes of importance: _____
 Name of operation None Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. D. Mc Donald, M. D.
 (Address) Creve Coeur, Mo.

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. **JAN 4 1934**

