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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1944

Registration District No. 1

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8860

Registrar's No. 2485

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

1. PLACE OF DEATH:

(a) County

(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:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 7142 Vermont
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Louis A. Des Champ

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 488-05-1656

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased 3 (Month) 1 (Day) 1889 (Year)

8. AGE: Years 55 Months 0 Days 12 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Guard

11. Industry or business Small Arms Plant

FATHER
12. Name Louis Des Champ
13. Birthplace (City, town, or county) France 51 (State or foreign country)

MOTHER
14. Maiden name Margaret George
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Emma Des Champ
(b) Address 7142 Vermont

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/44 (Month) (Day) (Year)
(c) Place: burial or cremation Natl. Cem. Jeff. Bar.

18. (a) Signature of funeral director Jos P. Findler Jr.
(b) Address 7128 Michigan

19. (a) MAR 14 1944 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th year 1944 hour 11:55 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 13th, 1944, to March 12th, 1944 that I last saw him alive on March 12th, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to General Paresis

Due to Uremia

Other conditions Induced Tertian Malaria
(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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature [signature] (M.D. or other)

Address 1515 Lafayette Date signed 3/13/44

(Licensed Embalmer's Statement on Reverse Side)

APR 18 1944

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. 2906

P. O. Address 2128 Michigan

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.