

FILED OCT 7 1949  
#40399

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31664

State File No. 8346

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before death.) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. (11)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 11	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 29-1441 CASTLE LANE b	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) FRANCIS		b. (Middle) CHAMP	
c. (Last)		c. (Last)	
5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1		8. DATE OF BIRTH AUG. 28 1918	
9. AGE (In years last birthday) 31		10. MONTH (Day) - (Year) Sept. 26th, 1949	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL LAST CO	
11. BIRTHPLACE (State or foreign country) MISSOURI (D)		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JOE CHAMP		13b. MOTHER'S MAIDEN NAME MAGGIE COURTOUIS	
14. NAME OF HUSBAND OR WIFE VIRGIE CHAMP			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 495-22-0986	
17. INFORMANT'S SIGNATURE OR NAME VIRGIE CHAMP		ADDRESS 1441 CASTLE LANE	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease with mitral stenosis. INTERVAL BETWEEN ONSET AND DEATH 1945 ↓ ↓ 2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 3. 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 checked="" type="checkbox"/> NO <input 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) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4:0 X	
22. I hereby certify that I attended the deceased from 9/25/49 to 9/26/49, that I last saw the deceased alive on 9/26/49, and that death occurred at 3:10pm m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Joseph E. J. Bladen M.D.		23b. ADDRESS 1515 Lafayette Ave.,	
23c. DATE SIGNED 9/26/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT. 29 1949	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) OLD MINES, MO	
DATE REC'D BY LOCAL REG. SEP 28 1949		REGISTRAR'S SIGNATURE J. B. Casater	
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis		ADDRESS 2906 Scarvie	

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

**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

*Leo J. Budd*

Licensed Embalmer No. *3989*

P. O. Address *St. Louis*

**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.