

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2656

State File No. ....

FILED FEB 2 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0339**

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 (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1368 Belt Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>1368 Belt Ave.</b> <span style="float: right;">2669/10</span>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Anna</b>	b. (Middle) <b>Catherine</b>	c. (Last) <b>Champion</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>1/12/54</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>Dec. 5 1872</b>	9. AGE (In years last birthday) <b>81</b> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
-------------------------	------------------------------------	--------------------------------------------------------------------------	----------------------------------------	--------------------------------------------------------------------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and State or Foreign Country) / <b>Dubois Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
-----------------------------------------------------------------------------------------------------------------	-----------------------------------------------------	----------------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME <b>Jeffery Norris</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Lynch</b>	14. NAME OF HUSBAND OR WIFE <b>Trevor Champion Dec.</b>
---------------------------------------------	--------------------------------------------------	------------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Philip Gierten 1368 Belt Ave.</b>
-----------------------------------------------------------------------------------------------------------------------	----------------------------------------	----------------------------------------------------------------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Age-atherosclerosis</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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4221</b>
----------------------------------------------------	--------------------------------------------------------------------------------------------------------	-------------------------------------------

22. I hereby certify that I attended the deceased from **1/12, 1954**, to **1/12, 1954**, that I last saw the deceased alive on **1/11, 1954**, and that death occurred at **9:00p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. Davis</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>1506 Hodiament</b>	23c. DATE SIGNED <b>1-13-54</b>
-----------------------------------	----------------------------------	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>1/14/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Chicago Ill.</b>
-------------------------------------------------------------	-----------------------------	---------------------------------------------------------------	----------------------------------------------------------------------

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jos. W. Clark 1125 Hodiament Ave</b>
------------------------------------------------------------------------	-------------------------------------------------------------------------------------

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.....  
Signature of Student Embalmer

Signed *John J. Haines*

Licensed Embalmer No. *410*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.