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

Do not use this space.
20563
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1. PLACE OF DEATH

County St. Louis, Missouri — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 5248 B — Registered No. 194

City Jefferson Barracks, Missouri. (No. U.S. Veterans Hospital #92 St. Ward)

2. FULL NAME Fred C. Hamel

(a) Residence. No. 724 Carpenter Place, St. St. Louis, Ward. Missouri.
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Nell Hamel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 13, 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
34	34	10	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) DeSoto,
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Fred Hamel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) DeSoto,
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Lucille McCormick
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hillsboro,
(STATE OR COUNTRY) Missouri

14. INFORMANT E. T. GALLAGHER, M.D., Acting Clinical Director.
(Address) U.S.V. Hosp. Jefferson Bks., Mo.

15. FILED 6/17, 1930 L. C. Arnold REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16, 1930

17.
I HEREBY CERTIFY, That I attended deceased from April 27, 1929, to June 16, 1930 that I last saw him alive on June 16, 1930 and that death occurred, on the date stated above, at 1:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131
135 [illegible]
(duration) Un yrs. kn mos. own ds.

CONTRIBUTORY (SECONDARY) Uremia
(duration) Un yrs. kn mos. own ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical, laboratory, and physical findings.
(Signed) C. H. SMITH, M.D. Medical Officer in temporary charge.
, 19 (Address) USV. Hosp. Jefferson Bks., Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL National Cem — DATE OF BURIAL 6/18 1930

20. UNDERTAKER C. Hoffmeister & Co — ADDRESS 8141 Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION