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

Do not use this space.

~~37317~~ ~~37327~~ 37327

**1. PLACE OF DEATH**

County St. Louis, Registration District No. 123 File No. 37327

Township Carondelet Primary Registration District No. 6248 B, Registered No. 406

City Jefferson Brks, Mo. (No. U.S. Veterans Hospital, Jefferson Brks, Mo. Ward)

**2. FULL NAME** Frederick W. Dames.

(a) Residence. No. U.S. Veterans Hospital, Jefferson Barracks, Mo. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 4 mos. -- ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: Male.
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - - - - - - - - - - - - -

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 9, 1871

7. AGE: Years 59 | Months 10 | Days 16 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Watchman.
(b) General nature of industry, business, or establishment in which employed (or employer): U.S. Veterans Hospital,
(c) Name of employer: U.S. Veterans Bureau.

9. BIRTHPLACE (CITY OR TOWN) St. Charles County.
(STATE OR COUNTRY) Missouri.

PARENTS
10. NAME OF FATHER: Unavailable.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Unavailable.
12. MAIDEN NAME OF MOTHER: Unavailable.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Unavailable.

14. INFORMANT: C. H. Smith. Clinical Director.
(Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

15. FILED Dec. 11, 1930 L. C. Obrock REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 25, 1930

17. I HEREBY CERTIFY, That I attended deceased from November 24, 1930, to November 25, 1930 that I last saw him alive on November 25, 1930 and that death occurred, on the date stated above, at 7:40 PM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Toxemia of Intestinal Obstruction.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown.

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Nov. 25, 1930.

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Operation, Physical & Laboratory findings.

(Signed) W. C. Gibson Medical Officer In Chg.
, 19 (Address) U.S. Veterans Hospital, Jefferson Barracks, 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~~: St. Paul Mo. DATE OF BURIAL: 11/28 1930

20. UNDERTAKER: E. A. Keithly ADDRESS: Fallon Mo.

...ARNEY, WITH UNFAILING INK---THIS IS A PERMANENT RECORD

...of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...DH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St Louis Registration District No. 1123 File No.

Township Carondelet Primary Registration District No. 6248 Registered No. 406

City (No. St. Ward)

2. FULL NAME Frederick W. Dames

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

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| M | W | S |

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

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

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | | |

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED 1/20, 1931 L. C. Obrock M.D. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 25 1930

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19 that I last saw h alive on 19, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Toxemia of Intestinal Obstruction

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Adhesions of Ileum

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) , M. D
, 19 (Address)

*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 | DATE OF BURIAL 19 |
|---|---|
| 20. UNDERTAKER | ADDRESS |

SUPPLEMENTARY

1852

N. B.—Every item ... tion should be carefully ... lied. AGE should be stated EXACTLY. PHYSICIANS should st... CAUSE OF DEAT... terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

ALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY ...

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