MAR 27 1931

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

6954

1. PLACE OF DEATH

County St. Louis. Registration District No. - File No. 6954

Township [illegible] Primary Registration District No. B Registered No. 56

City Jefferson Barracks, Mo., USVeterans Hospital. St. Ward)

2. FULL NAME Sampson, Frank

(a) Residence. No. 4815-A So. Broadway, St. Louis, Mo. Ward.
(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. Lydia Sampson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
58	58	10	-	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Soldier

(b) General nature of industry, business, or establishment in which employed (or employer) -

(c) Name of employer -

9. BIRTHPLACE (CITY OR TOWN) Washington.
(STATE OR COUNTRY) D.C.

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, M.D., Clinical Director
(Address) USVet. Hosp. Jeff. Brks., Mo.

15. FILED Feb 13 1931 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 12, 1931

17. I HEREBY CERTIFY, That I attended deceased from June 16, 1930, to Feb. 12, 1931 that I last saw him alive on February 12, 1931, and that death occurred, on the date stated above, at 9:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of bladder with metastasis.

51B

(duration) Un yrs. kn mos. own ds.

CONTRIBUTORY (SECONDARY) --

(duration) ... yrs. ... mos. ... 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? History, physical and x-ray findings.

(Signed) W. C. GIBSON, M.D., Medical Officer
, 19 (Address) In Charge USVet. Hospital, Jeff. Brks., 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 Jeff Brks — DATE OF BURIAL 2/14 1931

20. UNDERTAKER C. Hoffmeister Undtk. & Livery Company — ADDRESS 7814 S. Berry St. Louis, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

[illegible] WITH EXPANDING INK—THIS IS A PERMANENT RECORD