WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

DEC 26 1931

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

Do not use this space.

38883

File No.

Registered No. 423

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township Carondelet — Primary Registration District No. 6148 B

City Jefferson Barracks, Mo. — U. S. Veterans Administration Hospital — St. — Ward)

2. FULL NAME Ben Dupske.

(a) Residence, No. 2653 Shenandoah., 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. 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. Fredia Dupske.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
59	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable.

10. Date deceased last worked at this occupation (month and year) Unavailable

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri.

FATHER

13. NAME Unavailable.

14. BIRTHPLACE (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Unavailable.

MOTHER

15. MAIDEN NAME Unavailable.

16. BIRTHPLACE (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Unavailable.

17. INFORMANT C. H. Smith, Clinical Director.
(ADDRESS) U. S. Veterans Adm. Hospital, Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE 11-25 1931

19. UNDERTAKER Mitt Bro. L & N. Co.
(ADDRESS) 3929 S. Jefferson Av.

20. FILED 11/23, 1931 L. C. Obrock
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from November 7, 1931, to November 22, 1931

I last saw him alive on November 22, 1931 Death is said to have occurred on the date stated above, at 11:15 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis.	
33E	
Other contributory causes of importance:	
Exploratory abdominal incision.	

Name of operation Date of 11-19-31

What test confirmed diagnosis? Autopsy & Laboratory Findings. Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Smith, Acting Medical Officer In Charge U. S. Veterans Hospital, M. D.

(Address) Jefferson Barracks, Mo.