

JUL 27 1936

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

Do not use this space.

25086

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township Jefferson Barracks Primary Registration District No. 6248 B
City Jefferson Barracks (No. Veterans Administration Facility) St. Jefferson Barracks Ward Jefferson Barracks

2. FULL NAME Adolphus G. BLISS

(a) Residence, No. 4642 Heidelberg St. St. Louis, 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. OW 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 1 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -
10. Date deceased last worked at this occupation (month and year) Unavailable 11. Total time (years) spent in this occupation Unav.

12. BIRTHPLACE (CITY OR TOWN) New York City
(STATE OR COUNTRY) New York

13. NAME Adolphus Bliss

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

15. MAIDEN NAME Pauline (Unavailable)

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

17. INFORMANT M. Schuller, Clinical Clerk
(ADDRESS) Vet. Adm. Facility, Jeff Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL National Cem. Jeff Brs. DATE June 20, 1936

19. UNDERTAKER John J. Magenheim & Son
(ADDRESS) 7027 Delaware Ave

20. FILED June 18, 1936 L. Mowery
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 19 36

22. I HEREBY CERTIFY, That I attended deceased from October 5, 19 35, to June 17, 19 36

I last saw h. in alive on June 17, 19 36. Death is said to have occurred on the date stated above, at 8:15 m. p. m.

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

Gastric Ulcer, malignant, type undetermined Date of onset Unkn.

Other contributory causes of importance: Stricture of Transverse Colon Unkn.

Name of operation Sigmo-colostomy Date of 11-5-35
Clinical manifestations, X-ray, Clinical manifestations, X-ray, & laboratory findings. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 19 None
Where did injury occur? None
(Specify city or town, county, and State)

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

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify None

(Signed) C. V. HUGHES, M.D.
Chief Med. Officer, Vet. Adm. Facility, Jeff. Brks., 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.

JUN 3 1955