SEP 12 1938 OCT 6 1938

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

Do not use this space.

33353

1. PLACE OF DEATH

County Saint Louis — Registration District No. 784 — File No.

Township Carondelet — Primary Registration District No. 200 — Registered No. 1491

City ~~Jefferson Barracks~~ (No. , Vet Hosp St. Ward)

2. FULL NAME Eldridge Bland

(a) Residence, No. 117 (rear) Duchess Lane St., Ward. East Saint Louis, Illinois.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unkn. yrs. 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known

7. AGE: YEARS 40 — MONTHS ? — DAYS ? — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) (STATE OR COUNTRY) Pettis, Arkansas

FATHER

13. NAME Fillmore Bland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - Arkansas

MOTHER

15. MAIDEN NAME Millesse (not known)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Not known

17. INFORMANT (ADDRESS) Clinton Schuller VAF Jefferson Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE Sept. 13, 1938

19. UNDERTAKER (ADDRESS) Charles J. Gates 4107 Finney Avenue

20. FILED SEP 12 1938 T. R. Meyer M.D. Dr. P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 6, 1938 to September 8, 1938

I last saw him alive on September 8, 1938. Death is said to have occurred on the date stated above, at 2:35 Am.

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

	Date of onset
Carcinoma of sigmoid colon with intestinal obstruction.	1 yr.

Other contributory causes of importance: None

Name of operation Colostomy with ileostomy Date of 9/7/38

What test confirmed diagnosis? Phy. laboratory clinical manif. Was there an autopsy? NO

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 C. W. Hughes

(Signed) C. W. HUGHES, Chief Med. Off., M. D.

(Address) VAF Jefferson Barracks, 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.

STATEMENT OF LICENSED EMBALMER

I, James A. Johnson, hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me.

James A. Johnson

Licensed Embalmer No. 3522

4107 Finney Avenue, St.Louis,Missouri.