OCT 24 1938

REC'D NOV 4 1938

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

36894
Do not use this space.

1. PLACE OF DEATH
(a) County Saint Louis — Registration District No. 784
(b) Township Carondelet — Primary Registration District No. 200 — Registered No. 1716
(c) City Jefferson Barracks (d) Street No. U.S. Veterans Adm. Facility St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 512 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George W. BUMPHOS
(a) Residence, No. 109 (rear) Bowman Avenue, St. East Saint Louis, Illinois.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27, 1892

7. AGE: Years 46 — Months 0 — Days 23 — If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dyersburg, Tennessee

FATHER
13. NAME Amos Bumphos
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- Tennessee

MOTHER
15. MAIDEN NAME Theresa Bell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - North Carolina

17. INFORMANT Clinical Clerk, VAF Jefferson
(ADDRESS) Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE 10/24/38, 19

19. FUNERAL DIRECTOR Charles J. Gaters
(ADDRESS) 4107-09 Finney Avenue

20. FILED OCT 24 1938 D. K. Meyer M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1938, 19..., to October 20, 1938
I last saw him alive on October 20, 19 38 Death is said to have occurred on the date stated above, at 2:03A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease, aortic insufficiency.	Unkn.
Myocarditis, chronic, severe.	Unkn.

Other contributory causes of importance:

Arteriosclerosis	Unkn.
Tertiary syphilis.	Unkn.

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Name of operation None Date of
What test confirmed diagnosis? Autopsy 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. W. HUGHES, Chief Medical Officer M. D.
(Address) VAF Jefferson Barracks, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

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 BY LICENSED EMBALMER

I, James Arthur Johnson, Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)