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

Do not use this space.
21464
~~21566~~

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis, Mo. (No. ..... Sanitarium St. ..... Ward)

File No. .....
Registered No. 6344

2. FULL NAME Thomas Clark

(a) Residence. No. 1519 Menard St., 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. + mos. 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 16, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	36	3	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mail Clerk (Railroad)
(b) General nature of industry, business, or establishment in which employed (or employer) U. S. Mail
(c) Name of employer U. S. A.

9. BIRTHPLACE (CITY OR TOWN) Springfield
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER W. Edward Clark
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) New Jersey
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "
(STATE OR COUNTRY) New Jersey

14. INFORMANT Orr Mullinax M.D.
(Address) 5400 Arsenal

15. FILED JUN 30 1930, 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6 - 29 1930

17. I HEREBY CERTIFY, That I attended deceased from 6 - 23, 1930, to 6 - 29, 1930, that I last saw him alive on 6 - 29 - 30, 1930, and that death occurred, on the date stated above, at 12:00 noon.

83
34

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Paralysis of Insane (Syphilis) (duration) 1 yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 76
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Wassermann
(Signed) Orr Mullinax, M. D.
6-29, 1930 (Address) 5400 Arsenal.

*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	DATE OF BURIAL
Sunset Burial Park	7-2 1930
20. UNDERTAKER Wm Schumacher	ADDRESS 2613 Meramec

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.