

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

1003

Township.....

Primary Registration District No.

City **St. Louis** (No. **4120** **Page Blvd**)

St. Ward)

37900

File No.

Registered No. **11043**

2. FULL NAME **Christopher J. Clark**

(a) Residence. No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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 **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Unknown 1877**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **abt. 53 - -**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Police Officer**
(b) General nature of industry, business, or establishment in which employed (or employer) **St. Louis Police Dept.**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY)

10. NAME OF FATHER **Christopher Clark**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Ireland**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Mary Kane**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Ireland**
(STATE OR COUNTRY)

14. INFORMANT **Agnes Clark**
(Address) **4120 Page Blvd**

15. FILED **NOV 22 1930** **W. C. Starker** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **November 21 1930**

17. I HEREBY CERTIFY, That I attended deceased from **October 2nd**, 19**30**, to **November 21**, 19**30**, that I last saw him alive on **November 20**, 19**30**, and that death occurred, on the date stated above, at **8:30 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronch. Pneumonia
123 (duration) yrs. mos. **15** ds.

CONTRIBUTORY **Brain tumor in right motor area** (SECONDARY) **non Malignant** (duration) yrs. **2** mos. **1** ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Symptoms and signs**
(Signed) **A. P. Mersbach**, M. D.

Nov. 21, 1930 (Address) **306 Humboldt Bldg**

*State the DISEASE CAUSING DEATHS, 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 **Calvary** DATE OF BURIAL **11-24 1930**

20. UNDERTAKER **Arthur J. Donnelly** ADDRESS **2039 Wash St**

WRITE CAREFULLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

Mr. [unclear]

Himelocoy [unclear]

Je 3750