WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

791

21148

1. PLACE OF DEATH

County ..... Registration District No. [illegible] File No. 21148

Township ..... Primary Registration District No. ..... Registered No. 4918

City St. Louis (No. En Route to City Hospital St. #1 Ward)

2. FULL NAME Frank Vernon Clark

(a) Residence, No. 817 Brooktond St., 23 Ward. Alton, Ill
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 22, 1907

7. AGE: YEARS 26 MONTHS 2 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tool Shop

10. Date deceased last worked at this occupation (month and year) Oct. 1933

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Appleton Wisconsin

FATHER

13. NAME Harry Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton Illinois

MOTHER

15. MAIDEN NAME Mary La Brun

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Appleton Wisconsin

17. INFORMANT (ADDRESS) Mrs. Leonard Floyd 444 George St. East Alton, Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Alton City Cemetery Alton, Ill DATE June 6, 1933

19. UNDERTAKER (ADDRESS) Robert H. Streeper Alton, Ill

20. FILED JUN 5 1933, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1933

22. I HEREBY CERTIFY That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on 3 30 19..... Death is said to have occurred on the date stated above, at 3 30 a.m.

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

Hemorrhage into Pericardial and Left Pleural Cavity due to gun shot wound cutting pulmonary vein

Date of onset

Other contributory causes of importance: 173

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury June 3, 1933

Where did injury occur? St. Louis Mo (Specify city or town, county, and State)

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

Manner of injury Gun Shot wound

Nature of injury Hemorrhage

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Sweeney M. D.

(Address) Deputy Coroner

6/5/33

817 Brookford