

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.

NOV 22 1934

1. PLACE OF DEATH

County St. Louis Registration District No. 785 788
 Township Central Primary Registration District No. 4471
 City Webster Groves (No. Manchester west of Berry Rd St. 228 Ward)

37225

2. FULL NAME

Frederick K. Clark
 (a) Residence, No. Manchester w of Berry St. Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 9 yrs. 6 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26 - 1887

7. AGE YEARS 47 MONTHS - DAYS 28 IF LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oils & Greases

10. Date deceased last worked at this occupation (month and year) Oct 25 1934 11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaver Pennsylvania

13. NAME Thomas E. Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gettysburg Pennsylvania

15. MAIDEN NAME Antonia J. Kaiser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prague Bohemia

17. INFORMANT (ADDRESS) Wesley A. Clark Manchester Groves Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Walhalla Crematory DATE Oct 26 1934

19. UNDERTAKER (ADDRESS) Parker Rand Co Webster Groves Mo

20. FILED 10/27 1934 Agnes C. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1934

22. I HEREBY CERTIFY, That I attended deceased from June 26 1934 to Oct 24 1934.
 I last saw him alive on Oct 24 1934. Death is said to have occurred on the date stated above, at 2:40 p.m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach 1931
 Carcinoma of Liver 1933
 Carcinoma of Small Intestine 1933
 Carcinoma of Prostate Gland 1933

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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? no
 If so, specify
 (Signed) W. S. Brown, M. D.
 (Address) 402 Wall St

11-11-11

11 6-17-11

2900



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis

Registration District No. 788

Township Webster Groves

Primary Registration District No. 4471

City Webster Groves (No. 17)

File No. 37225
Registered No. 228
Ward Webster #17

2. FULL NAME

(a) Residence, No. Frederick K. Clark
Springington Road at Mandeville Road
(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26 - 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min. 47 - 28

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clubs & Games

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaumont Penn

13. NAME Thomas E. Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Penn

15. MAIDEN NAME Antonia J. Kaiser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prague Bohemia

17. INFORMANT (ADDRESS) Nelly K. Clark Webster Groves mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Hubert Cemetery DATE 10/26 1934

19. UNDERTAKER (ADDRESS) Parker & Co Webster Groves mo

20. FILED 2-20-1935 Jules R. York Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1934, to Oct 24, 1934.
I last saw deceased alive on Oct 24, 1934. Death is said to have occurred on the date stated above, at 2:30 A.M.

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

Carcinoma of stomach Date of onset 1931

Other contributory causes of importance:
Carcinoma of lungs 1933
" " Small Intestine
" " Sigmoid Colon 1933

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 W. S. Brown, M. D.
(Signed) W. S. Brown
(Address) 402 Wall St. St. Louis

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FEB 16 1935

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