FEB 24 1936

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

Do not use this space.

4007

1. PLACE OF DEATH

County St. Louis Conversion

Registration District No. 1123

File No.

Township Jefferson Barracks

Primary Registration District No. 6248 B

Registered No. 44

City (No. Veterans Administration Facility St. Ward)

2. FULL NAME CLARK, Elmer L.

(a) Residence, No. 3202 Regal Place St., Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kno mos. wn 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	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	46	9	3	

OCCUPATION

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

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

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER

13. NAME Unavailable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Unavailable

MOTHER

15. MAIDEN NAME Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Unavailable

17. INFORMANT M. Schillig Clinical Clerk
(ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE Jan 31 1936

19. UNDERTAKER C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 So. Broadway

20. FILED 1-29 1936 G. Mowry E. T. G.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 16, 1936, 19..., to January 28, 1936, 19...

I last saw him alive on January 28, 1936. Death is said to have occurred on the date stated above, at 4:07 p.m.

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

	Date of onset
Broncho pneumonia	Unkn.

Other contributory causes of importance:

Bronchiectasis, severe; bronchitis chronic, asthmatic type; severe, emphysema pulmonary, chronic.	Unkn.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

Phy. exam., history, lab. x-ray findings and autopsy findings.

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, M. D., Chief Med. Offic

(Address) Vet. Adm. Facility, Jeff. Brks.

107

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.

100M-11-24-33