

JUN 6 1936

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

Do not use this space.

21216

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **Mo. Baptist Hospital**) St. Ward) Registered No. **5427**

2. FULL NAME

(a) Residence, No. **Walter J. Clark**
(Usual place of abode) **Melbourne Hotel** Ward **9**
(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) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Harriette R. Clark**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 19 - 1874**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61. 5. 3.
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. **Wholesale Grocery**
10. Date deceased last worked at this occupation (month and year) **May 16 1936** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Union City, Tenn**

13. NAME **Thos. R. Clark**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jordan, Ky. (unknown) Kentucky**

15. MAIDEN NAME **Sarah (unknown)**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **(unknown) Tennessee**

17. INFORMANT **Harriette R. Clark**
(ADDRESS) **Melbourne Hotel**

18. BURIAL, CREMATION OR REMOVAL PLACE **Oak Grove Cem** DATE **5-23-36**

19. UNDERTAKER **C. R. Pustent + Sons**
(ADDRESS) **#4449 Olive St.**

20. FILED **MAY 22 1936** **J. T. Predeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 22nd**, 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 25**, 19**36**, to **May 22**, 19**36**

I last saw him alive on **May 22**, 19**36** Death is said to have occurred on the date stated above, at **10 A.M.**

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

Chronic Gall-Bladder Disease Date of onset **approx. 7-27-36**
Chronic Cholecystitis
non stones

Other contributory causes of importance:

Acute Saurengus - Gall-Bladder + Kidneys
Gall-Bladder + Several Perforations

Name of operation **none** Date of **Post**
What test confirmed diagnosis? **Micro + Laboratory** 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) **V. C. Landree** M. D.
(Address) **302. Union Club Bldg.**
28 Rooms
Mo.

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.

Dr. F. C. Landrum
Univ. Club
3-5 PM