JUL 27 1936

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

Do not use this space.

25119

File No.
Registered No. 78

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.

1. PLACE OF DEATH
County St. Louis — Registration District No. 1160
Township Central — Primary Registration District No. 4470
City University City, Mo. 6517 Chamberline Ave., St. ..... Ward)

2. FULL NAME Patrick Joseph Clark
(a) Residence, No. 6517 Chamberliane Ave., 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Katherine Clark
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5, 1876.
7. AGE — YEARS: 59 — MONTHS: 6 — DAYS: 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator orperator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for University City,
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Patrick Clark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Ann Reily
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Katherian Clark
(ADDRESS) 6517 Chamberliane Ave.,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem., DATE July 1/36.
19. UNDERTAKER Jos. W. Clark
(ADDRESS) 1125 Hodiamont Ave.,
20. FILED June 30 1936 Lena V. Moeller D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June29/36. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1929, to June 29 1936
I last saw him alive on June 29 1936. Death is said to have occurred on the date stated above, at 7.00A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	1934
Cardio Vascular Renal Disease	1929

Other contributory causes of importance:
Hypertension Vascular

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

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) Leo H. Gerald, M. D.
(Address) 6677 Delmar Blvd.,

Dr. Leo Fitzgeralds
6677 Delmar Blvd.,
Ca. 9275. 2-4or7-8