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.

OCT 21 1936

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

Do not use this space.
#362-0
36320

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City Jefferson Barracks (No. Veterans Facility St. Ward)

Registration District No. 1123
Primary Registration District No. 6248B

File No.
Registered No. 362

2. FULL NAME Steve CLARK

(a) Residence, No. St., Ward. Charleston, 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 un yrs. kno mos. wn 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~~ Mrs. Cora Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 6, 1884

7. AGE: Years 52 | Months 7 | Days 8 | If LESS than 1 day, ...hrs. or ....min.

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 unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackford, Kentucky

FATHER
13. NAME Elgin J. Clark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cittenden County Kentucky

MOTHER
15. MAIDEN NAME Jane Collins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unavailable Kentucky

17. INFORMANT M. Echelly
(ADDRESS) Clinical Clerk, Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Charleston, Mo. DATE Sept. 15, 1936

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

20. FILED Sept. 15, 1936 L. Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 3, 1936, to September 14, 1936
I last saw him alive on September 14, 1936. Death is said to have occurred on the date stated above, at 6:35 a.m. p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic cancer, left lung	unkwn
Other contributory causes of importance: Pneumonia, lobar, right middle and lower lung	unkwn

Name of operation none Date of
What test confirmed diagnosis? phy. exam. clinical manifestations, laboratory Was there an autopsy? YES

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
C. W. HUGHES, M.D., Chief Medical Officer
(Address) Jefferson Barracks, Missouri.