MAR 5-1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8659

Township ..... Primary Registration District No. 1003 Registered No. 2120

City St. Louis Mo (No. 4518 Washington Ave. St. ..... Ward)

2. FULL NAME John Clarkston

(a) Residence, No. Chicago Ills. St. N R Ward. 6454 Union Ave
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Ethel McElvoy Clarkston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8th. 1882

7. AGE YEARS 54 MONTHS 5 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 1 15

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

FATHER

13. NAME unknown

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

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT Ethel Clarkston
(ADDRESS) 6454 Union Ave. Chicago Ills

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chicago Ills DATE Feb. 20th 37

19. UNDERTAKER Henry L. Weidemueller
(ADDRESS) 6203 Gravois Ave.

20. FILED FEB 20 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19 1937 to Feb - 19 1937

I last saw him alive on Feb - 19 1937. Death is said to have occurred on the date stated above, at 11 37 P m.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Chronic Myocarditis

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) J Roy Compton M. D.

(Address) 6122 Page Blvd

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.

835