AUG 30 1937

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

Do not use this space.

28266

File No.

Registered No. 129

1. PLACE OF DEATH

County St. Louis — Registration District No. 333

Township St. Ferdinand — Primary Registration District No. 4468

City Pattonville (Ferguson Town) (No. ADIE & ST. CHAS. RD. St. Ward)

2. FULL NAME Berthold Clark

(a) Residence, No. Adie & St. Chas. Rds. St., Ward. PATTONVILLE MO.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 12, 1871

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
56	5	24	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 7/5/37

11. Total time (years) spent in this occupation

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

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 (ADDRESS) Mary E. Dapron, Chasville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE 7/8/37, 19

19. UNDERTAKER (ADDRESS) Baumann Bros Inc., Overland, Mo.

20. FILED 7-9, 1937 W. A. Zeitler, Registrar. Per C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 6, 1937

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:30 a.m.

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

	Date of onset
Struck by an auto while pedestrian on public highway. Hit and run driver.	7/4/37
Other contributory causes of importance: multiple fractures	7/6/37

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/6, 1937

Where did injury occur? Pattonville, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Struck by auto

Nature of injury Multiple fractures

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John J. Connell, M. D.

(Address) Coroner, St. Louis Co.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD