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.

JUN 26 1934

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

Do not use this space.

18035

1. PLACE OF DEATH
County St. Louis County Hospital Registration District No. 790 File No.
Township Bonhomme Primary Registration District No. 6033a Registered No. 174
City Clayton Mo (No. St. Louis Co. Hospital St. Ward)

2. FULL NAME Frank Clark
(a) Residence, No. Kirkwood Mo St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 30 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 Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18-1855
7. AGE 78 YEARS 1855 MONTHS 5 December DAYS 18 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. Yard-man for Tiff one
10. Date deceased last worked at this occupation (month and year) Jan 30
11. Total time (years) spent in this occupation 1934

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Mary Mo

FATHER
13. NAME Frank Clark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Mary Mo

MOTHER
15. MAIDEN NAME Jane James
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Mary Mo

17. INFORMANT Geneva Morrison
(ADDRESS) 4340 Cote Brillant Apt 17

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Clair Colored Cemetery DATE 6-3 1934

19. UNDERTAKER Koen & Company
(ADDRESS) Kirkwood Mo

20. FILED May 31 1934 Robt. J Ambruster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-29, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-23, 1934, to 5-29, 1934
I last saw him alive on 5-28, 1934. Death is said to have occurred on the date stated above, at 1:05 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	?
131	
137	

131

Other contributory causes of importance:
Hypertrophy of prostate ?

Name of operation Date of
What test confirmed diagnosis? 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? no
If so, specify
(Signed) Darwin Westphal, M. D.
(Address) St. Louis Co. Hospital