

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.

DEC 13 1935

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

Do not use this space.

41048

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. Deaconess Hospital) St. Ward)

File No. **10231**
Registered No.

2. FULL NAME

John William Clark
(a) Residence, No. Park Plaza Hotel, St. 12 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. — mos. 8 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) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22 - 1870

7. AGE YEARS 65 MONTHS 7 DAYS 11 IF LESS than 1 day, hrs. or min.

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

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

10. Date deceased last worked at this occupation (month and year) Dec 3 - 1935 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison near York

13. NAME Madison Clark

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

15. MAIDEN NAME Mary Stuart

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

17. INFORMANT (ADDRESS) John W. Clark 211 Elizabeth St. Colmar City, Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Loma Park DATE Dec 5 1935

19. UNDERTAKER (ADDRESS) Washed and Co Webster Groves Mo

20. FILED DEC - 5 1935 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3d 1935

22. I HEREBY CERTIFY, That I attended deceased from 7 - 8 - 1932, to Dec - 3 - 1935

I last saw him alive on Dec 3 - 1935 Death is said to have occurred on the date stated above, at 6:10 P. m.

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

Diabetes mellitus
Intestinal obstruction
due to gangrenous bowel
due to diabetes

Date of onset 20 yrs
11-26-30

Other contributory causes of importance: Myocarditis Chronic

Name of operation Resection of gangrenous bowel Date of 11-26-35

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

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) J. E. Huston, M. D.
(Address) Webster Groves, Mo.

