

DEC 3 1936

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

Township.....

Primary Registration District No. 1003

City St. Louis

(No. 4943 Lindell Blvd. St. 12 Ward)

File No. 42865

Registered No. 11422

St. Ward)

2. FULL NAME George W. Clarkson

(a) Residence, No. 4943 Lindell Blvd. 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 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

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Latta Clarkson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6th 1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

61

4

8

OCCUPATION

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

President, Wound

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

City Trust Co

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

11. Total time (years) spent in this occupation

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

Annapolis
Missouri

MOTHER FATHER

13. NAME Joseph G. Clarkson

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

15. MAIDEN NAME Mary E. Covington

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

17. INFORMANT Mrs George W. Clarkson

(ADDRESS) 4943 Lindell Blvd

18. BURIAL, CREMATION OR REINTERMENT

PLACE Valhalla

DATE Nov 17th 1936

19. UNDERTAKER Wagoner Undertaking Co

(ADDRESS) 3621 Olive Street.

20. DECEASED NOV 17 1936

J. P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1924, to Nov. 14, 1936

I last saw him alive on Nov. 14th 1936. Death is said to have occurred on the date stated above, at 10:25 P.M.

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

Uremia
chronic myocarditis
chronic nephritis
Hypertension
Date of onset

Other contributory causes of importance:
acute cardiac decompensation

Name of operation..... Date of.....

What test confirmed diagnosis? clinical 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) P. P. Gay

(Address) 737 University Club Bldg. M. D.

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.

