REC'D MAR 24 1938

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

Do not use this space. 1

3

1. PLACE OF DEATH
County St. Louis 1 Registration District No. 96
Township Primary Registration District No.
City Jefferson Bks., Mo. (No. VETERANS HOSPITAL. St. Ward)

File No. 8176
Registered No. 307

2. FULL NAME John E. CLARK 4 6 2.
(a) Residence, No. 3214 No. 11th St., St., Ward. St. Louis, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred unkn. 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 Mrs. Beulah Clark,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1893

7. AGE: YEARS 44 | MONTHS 2 | DAYS 28 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Riveter
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) -
11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri. 6

FATHER
13. NAME Jack Clark 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.

MOTHER
15. MAIDEN NAME Anna Mullen, 5
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

17. INFORMANT M. Schilling
(ADDRESS) Clinical Clerk, VAF, Jeff. Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY CEMETERY DATE FEBRUARY 1938

19. UNDERTAKER C. Hoffmeister U. & L. Co.,
(ADDRESS) 7814 So. Broadway, St. Louis, Mo.

20. FILED 2-15 1938 T. R. Meyer M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1938 to Feb. 14, 1938
I last saw him alive on Feb. 14, 1938 Death is said to have occurred on the date stated above, at 6:25 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma, Urinary Bladder. | Unkn. |

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Other contributory causes of importance:
None.

Name of operation None 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 1

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. W. Hughes, Capt. M. D.
(Address) Ch. Medical Officer, VAF, Jefferson Barracks, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, GEORGE W. HOFFMEISTER, Licensed Embalmer No. 2426 hereby certify that the body recorded on the reverse side of this certificate was embalmer by LINUS C. HOFFMEISTER, Licensed Embalmer No. 3871, working under my personal supervision.

(Signed) _____

Licensed Embalmer No. 2426