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.

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

Do not use this space. ✓

AUG 25 1936

1. PLACE OF DEATH
County St Louis — Registration District No. 1170
Township Jefferson — Primary Registration District No. 6248H
City St. Louis County (No. St Marys Hospital St. Ward)
Kiewnanitiqhi
File No. 23[illegible]
Registered No. 190

2. FULL NAME Chester G. McClure

(a) Residence, No. 1418 Warren St. St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. Dec. 11, 1933h.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
2	6	28	

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

FATHER
13. NAME Chester G. McClure
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poplar Bluff

MOTHER
15. MAIDEN NAME Dorothy Collet
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, M.

17. INFORMANT Chester G. McClure
(ADDRESS) 1418 Warren St

18. BURIAL, CREMATION, OR REMOVAL
PLACE New, Bethlehem DATE July, 11, 1936

19. UNDERTAKER Henry Leidner Und. Co.
(ADDRESS) 1417 N. Market St.

20. FILED July 10 1936 Gertrude Porter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9th. 1936

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1936, to July 9, 1936
I last saw h. l. m. alive on July 9, 1936. 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
Tuberculous Meningitis	Prior to 6/30/36
Tuberculosis of the	
central nervous System	

Other contributory causes of importance: 24a

Name of operation Date of
What test confirmed diagnosis? Spinal puncture 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) George H. Brewer, M. D.
(Address) St. Marys Hospital