

OCT 26 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

35239

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 288  
 (b) Township Jefferson Primary Registration District No. 4471 Registered No. 97  
 (c) City Webster Groves (d) Street No. 13786 Elm Ave St. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 13786 Elm Ave St. St. (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## 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, WEDDING APPROVED HUSBAND OF (or wife of) Lucy M. C. Chure

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5 - 1867

7. AGE YEARS 70 MONTHS 9 DAYS 9 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Collector  
 9. Industry or business in which work was done, as saw mill, bank, etc. Bad Depts  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 2 yrs

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

FATHER 13. NAME Robert B. M. C. Chure  
 14. BIRTHPLACE (CITY OR TOWN) Depository (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME Frances Payne  
 16. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

17. INFORMANT Margaret M. M. C. Chure (ADDRESS) 13786 Elm Ave - Webster

18. BURIAL, CREMATION, OR REMEMIAL PLACE Oak Hill DATE Sept 21 1937

19. FUNERAL DIRECTOR Parker and Co (ADDRESS) Webster Groves

20. FILED 9-21-1937 John R. York Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to Sept 18 1937

I last saw him alive on Sept 18 1937. Death is said to have occurred on the date stated above, at 6:22 m.

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

Parkinson's disease (Parkinson's agilis) 1931  
11/10

Other contributory causes of importance: Quadruplet ulcer 1930

Name of operation No 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) H. H. H. H. H. M. D.  
 (Address) 19 E. Haeberlein

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
.....L. E.....  
No.....or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**