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

Do not use this space.

31922

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 6831 Manchester St. ..... Ward)

File No. .....

Registered No. 9288

2. FULL NAME George L Killian

(a) Residence. No. 6831 Manchester 4 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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 9th 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	77	2	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Perryville
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER John M.A. Killian

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Perry Co
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Mitalda Brewer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Perryville
(STATE OR COUNTRY) Perry County Mo

14. INFORMANT Don E. Killian
(Address) 6831 Manchester Av

15. FILED OCT 18 1927, 19.... Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 16th 1927

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1927, to Oct 16, 1927 that I last saw h.m. alive on Oct 16, 1927, and that death occurred, on the date stated above, at 10 10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 90B

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. L. Hild, M. D

Oct 17, 1927 (Address) 5700 Maple

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Perryville MO

DATE OF BURIAL Oct 20 1927

20. UNDERTAKER Luschel Funeral Home

ADDRESS Perryville 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.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD

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