

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

Do not use this space.

34988

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis, Mo. (No. 3706) O'Neara

File No.

Registered No. **10136**

St. Ward)

2. FULL NAME George Paul Will

(a) Residence No. 3706 O'Neara St. 15 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May - 8 - 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 | 6 | 3 |

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Bernard Will

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Adele Hooper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

14. INFORMANT Bernard J. Will
(Address) 3706 O'Neara

15. FILED 72 1027 Man & Starckoff
19 19

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov - 11 - 1927

17. I HEREBY CERTIFY, That I attended deceased from 3 Nov. 1927, to 11 Nov. 1927, and that I last saw him alive on 11 - 11 - 1927, and that death occurred, on the date stated above, at 12:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Broncho pneumonia
Primary 109A
13A
(duration) yrs. mos. da. 2

CONTRIBUTORY acute Myocarditis
(SECONDARY)
(duration) yrs. mos. da. 1

18. WHERE WAS DISEASE CONTRACTED 109A
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Geo. Becker, M. D.

, 19 (Address) 3155 So Grand Ave

*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 DATE OF BURIAL

Sunset Burial Park 11-13-1927

20. UNDERTAKER ADDRESS

Peety Bros. 3129 Lafayette

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.

9-10a.m. 11-12 p.m. 1-2 p.m. 3-4 p.m. 5-6 p.m. 7-8 p.m. 9-10 p.m. 11-12 p.m.

