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

Do not use this space.

12761

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 3296

City St Louis Mo (No. St Louis, Children's Hospital St. ..... Ward)

2. FULL NAME George Gordon Wilhite

(a) Residence. No. 777 N. Euclid St., 12 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 12-22-1928

7. AGE: Years | Months 2 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: ✓ 110 A
(b) General nature of industry, business, or establishment in which employed (or employer): ✓ 107 A
(c) Name of employer: 89 A

9. BIRTHPLACE (CITY OR TOWN) Quincy, (STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Hoyt Wilhite
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dallas (STATE OR COUNTRY) Texas
12. MAIDEN NAME OF MOTHER Helen Pritchard (Dead)
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Giemenz
(Address) 500 N. Kingshighway

15. FILED MAR 16 1929 Max C. Starkey REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-14 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-14, 1929, to 3-14, 1929 that I last saw him alive on 3-14, 1929, and that death occurred, on the date stated above, at 8 15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia - Primary (non Tbc)
Empyema - left (early)
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Acute Otitis media
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1000 A
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) George S. Littell, M.D.
3-15, 1929 (Address) St Louis Children's Hosp

*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: Body released to Department of Pathology of Washington University for Anatomical Purposes | DATE OF BURIAL 19

20. UNDERTAKER | ADDRESS