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

Do not use this space.

27078

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 8287

City ST. Louis, Mo. (No. ST. Louis Childrens Hosp. 500 S. Kingshighway Ward)

2. FULL NAME William Georgie, Jr.

(a) Residence. No. 1117 Branch St., 26 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-3-30

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	9	25	

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 William Georgie
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ST. Louis, Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Marguerite Daman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ST. Louis
(STATE OR COUNTRY)

14. INFORMANT M. Merschmann
(Address) 500 S. Kingshighway

15. FILED JUL 30 1931 19 Max C. Hanley REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-28 1931

17. I HEREBY CERTIFY, That I attended deceased from 7-28, 1931 to 7-28, 1931 that I last saw him alive on 7-28, 1931, and that death occurred, on the date stated above, at 10 45 9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

119B Entero-colitis, non-tuberculous.
63

..... (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Rickets

..... (duration) ..... yrs. 3 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Alexis F. Hartmann, M. D.
7/28, 1931 (Address) St. L. Childrens 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 Calvary Cemetery
DATE OF BURIAL 7-31 1931

20. UNDERTAKER Kriegshauser & Co
ADDRESS 4228 S. Kingshighway

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.