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

Do not use this space.

35194

1. PLACE OF DEATH

County..... Registration District No. 791

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

City..... (No. Deaconess Hospital St. ..... Ward)

File No. .....

Registered No. 10370

2. FULL NAME George F. Child

(a) Residence. No. 4931 Beacon St., 7 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 4 - 1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
52	4	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired 1941

(b) General nature of industry, business, or establishment in which employed (or employer): Electrician 1933

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chicago Ills

PARENTS

10. NAME OF FATHER: Geo Child

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ills

12. MAIDEN NAME OF MOTHER: Nancy Lovering

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ills

14. INFORMANT: Mrs Nora Child
(Address) 4931 Beacon

15. FILED NOV 19 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 17 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1927, to Nov. 17, 1927 that I last saw him alive on Nov. 17, 1927, and that death occurred, on the date stated above, at 8 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Urinary extravasation due to bone in rectum

(duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (SECONDARY): Acute myocarditis

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 4931 Bacon

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Nov. 1

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Observation

(Signed) H H Helbing, M. D

11/18, 1927 (Address) 4963 Fountain

*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: Valhalla

DATE OF BURIAL: Nov 19 1927

20. UNDERTAKER: Benserk-Neehaus

ADDRESS: 1138 N 6

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] INK—THIS IS A PERMANENT RECORD