

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

Do not use this space.

10797

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis, Mo.** (No. **3734**) **Chippewa**

File No.....  
 Registered No. **2617**  
 St. .... Ward)

**2. FULL NAME**

**George O. (Burlis) Gurlis**  
 (a) Residence. No. **3734 Chippewa** St., **15** Ward.  
 (Usual place of abode)  
 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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug 21-1903**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<b>24</b>	<b>6</b>	<b>16</b>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Paper cutter**  
 (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)

10. NAME OF FATHER **Edmund Burlis**

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

12. MAIDEN NAME OF MOTHER **Anna Roffel**

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

14. INFORMANT **Edmund Burlis**  
 (Address) **3734 Chippewa St.**

15. FILED **Mar 6 1928**  
**Mar 6 Starkeoff**  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 7 1928**

17. I HEREBY CERTIFY, That I attended deceased from **March 2<sup>nd</sup> 1928**, to **March 7<sup>th</sup> 1928**, that I last saw him alive on **March 7<sup>th</sup> 1928**, and that death occurred, on the date stated above, at **31 P.** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Acute Lobar Pneumonia**

**108** (duration) - yrs. - mos. **6** da.

CONTRIBUTORY (SECONDARY) **10/11** (duration) - yrs. - mos. - da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

**3/17** (Signed) **Henry W. Schultz, M. D.**  
**17**, 1928 (Address) **103 Cherokee St.**

\*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

**Buried at Central Park Mar 12-1928**

**20. UNDERTAKER** ADDRESS

**Ziegenheim Bros 2623 Chippewa**

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.

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