

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

Do not use this space.

38976

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No. **2572 Warren St**)

File No.....
 Registered No. **11685**
 St. Ward)

2. FULL NAME

John Gansser
 (a) Residence. **2572 Warren St** St. **20** 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male **White** **Widowed**

5A. If MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Sept 26 - 1852**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	75	3	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Blacksmith Helper**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Germany**
 (STATE OR COUNTRY)

10. NAME OF FATHER **Don't know**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Don't know**
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Don't know**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Don't know**
 (STATE OR COUNTRY)

14. INFORMANT **Margaret Gansser**
 (Address) **2572 Warren St**

15. FILED **29 1927** **Max B. Starckoff**
 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec 27th 1927**

17. I HEREBY CERTIFY, That I attended deceased from **October 13**, 19**27**, to **December 27**, 19**28**
 that I last saw him alive on **December 26**, 19**28**, and that death occurred, on the date stated above, at **7 P. M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma stomach + Esophagus
4611
4613 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) **44** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) **Engene L. Bruehn**, M. D.

12-28, 1927 (Address) **2202 W. Market**

*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

DATE OF BURIAL

Dec 30 1927

20. UNDERTAKER

W. J. Ledner Und. Co.

ADDRESS

1417 W. Market St.

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.

