

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

Do not use this space.

8536

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St Louis**

(No. **2726** **Russell Ave**)

File No.
Registered No. **2202**
St. Ward)

2. FULL NAME

William F. Gahl

(a) Residence. No. **2726 Russell Ave**, **23** Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **50** 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)

28 Jan'y 1878

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
51	-	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

clerk

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

Ofc

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St Louis

(STATE OR COUNTRY)

mo

10. NAME OF FATHER

William Gahl

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

St Louis

(STATE OR COUNTRY)

mo.

12. MAIDEN NAME OF MOTHER

Catherine Neum

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

St Louis

(STATE OR COUNTRY)

mo

14. INFORMANT (Address)

**Mrs. L. Gahl
2726 Russell**

15. FILED

**FEB 17 1929
Maye Starbuck**

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb. 16 1929**

17.

I HEREBY CERTIFY, That I attended deceased from **21 27** 19**29**, to **2/16/1929**, 19**29** that I last saw him alive on **2/16/29**, 19**29**, and that death occurred, on the date stated above, at **12:20 P.M.**

THE CAUSE OF DEATH WAS AS FOLLOWS:

**131 Ch. myocarditis
930**

CONTRIBUTORY (SECONDARY)

Ch. interstitial nephritis (duration) ? yrs. ? mos. ? da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **no** DATE OF **no**

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

W. F. Neum, M. D.

2/16/1929 (Address) 3115 A. Grand

*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

St Pauls Church and Cem. 16. 19 29

20. UNDERTAKER

ADDRESS

**W. E. Cobb
California**

PHYSICIANS should state EXACTLY. AGE should be carefully supplied. Exact statement of OCCUPATION is very important. N. E.—every item of information should be carefully supplied. AGE should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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