96
JUL 27 1929
20
6

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

Do not use this space.

22617

1. PLACE OF DEATH

County St Louis — Registration District No. 1170 — File No.

Township — Primary Registration District No. 62484 — Registered No. 966

City Richmond Hts. St. Mary's Hospital. St. Ward)

2. FULL NAME Catherine Ganss.

(a) Residence. No. 4434 So Compton Avenue. Ward. St Louis Mo.
(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)
Female	White	Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4,1871.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	57	11	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis. (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Frank Buetter.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

12. MAIDEN NAME OF MOTHER Christina Brinker

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

14. INFORMANT Frank P. Ganss (Address) 4434 So Compton Avenue.

15. FILED 6/28, 1929 C L Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26 1929

17. I HEREBY CERTIFY, That I attended deceased from June 20 1929 to June 26, 1929 that I last saw h. alive on June 26, 1929 and that death occurred, on the date stated above, at 5:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 6:00 P.M.

1220 Fernia Dural Bs Operation

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Lat Embolism

(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Yes

DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 25

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [signature] M. D.

6/27, 1929 (Address) University Club Bldg.

*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
SS.peter & Paul Cemetery	June 29 1929.

20. UNDERTAKER	ADDRESS
J. N. Gebken L. & U. Co.	2842 Meramec.

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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