

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

Do not use this space.

34074

1. PLACE OF DEATH

County St. Louis
Township Conrad
City St. Louis (No. Sancta Maria in Ripa)

Registration District No. 1123
Primary Registration District No. 6248B

File No. _____
Registered No. 354
St. _____ Ward _____

2. FULL NAME

Sister M. Almeda Gahner
(a) Residence. No. _____ St. _____ 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 Female 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) Apr 26, 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormins.
	<u>65</u>	<u>6</u>	<u>-</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Grantfork
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Lawrence Gahner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Emma Hotz

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

14. INFORMANT Sister M. Capella
(Address) Sancta Maria in Ripa

15. FILED 10-27, 1930 L. C. O'Brook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 26th 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1930, to Oct 24 1930, that I last saw him alive on Oct 24, 1930, and that death occurred, on the date stated above, at 11:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of stomach
with general metastasis
412B

CONTRIBUTORY (SECONDARY) Nervous (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 440
NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Aluminum
(Signed) Albert Wink, M. D.

10-27, 1930 (Address) 5304th Eastern Ave

*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 Sancta Maria in Ripa DATE OF BURIAL 10/28 1930

20. UNDERTAKER W. L. O'Brook ADDRESS 781st Broadway

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.

NOV 28 1930

