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

Do not use this space.

12228

791

1003

File No. 3489

Registered No.

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St Louis (No. 1482a Shawmut Place St. Ward)

2. FULL NAME Flo Gahn

(a) Residence. No. St., 6 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)
Female	White	Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF Richard J Gahn Jr

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 22-1908

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	22	11	28	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) 2 5

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Grand Tower
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Charles Cripps

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

12. MAIDEN NAME OF MOTHER Maggie Roberts

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

14. INFORMANT Richard J. Gahn Jr
(Address) 1482a Shawmut Place

15. FILED ..., 19.. Max C Starker Jr
REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20 1931

17. I HEREBY CERTIFY, That I attended deceased from 1st day January, 1931, to March 19, 1931 that I last saw her alive on March 19, 1931, and that death occurred, on the date stated above, at 1210 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endocarditis — Heart Failure
Chronic 99A
87A
130 (duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (SECONDARY) Chronic Rheumatic Fever
Generalized Edema c Nephritis
acute due to Endocarditis (duration) 10 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Thomas C. Stifton M. D.

3/20 1931 (Address) Metropolitan 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
Memorial Park	3/21 1931

20. UNDERTAKER	ADDRESS
Arthur A Donnelly Undt Co	2039 Wash 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.

-11-2 JR