

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

Do not use this space.

10562

**1. PLACE OF DEATH**

County..... Registration District No. 79  
Township..... Primary Registration District No. 1008  
City St. Louis, (No. Bethesda Hospital), St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 2626

**2. FULL NAME** Gilbert J. Ganss.

(a) Residence, No. 4434 So. Compton Ave., St. 15 Ward. (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 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) Feb. 16, 1929.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hra. or .....min.
	<u>3</u>	<u>1</u>	<u>--</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 12/A

10. Date deceased last worked at this occupation (month and year)..... 12/18

11. Total time (years) spent in this occupation..... 12/18

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

**FATHER**

13. NAME Anthony G. Ganss.

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

**MOTHER**

15. MAIDEN NAME Clara Uhlen.

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

17. INFORMANT Anthony G. Ganss  
(ADDRESS) 4424 So. Compton Ave.

18. BURIAL, CREMATION, OR REMOVAL  
SS Peter & Paul Cem. DATE Mar. 19, 1932

19. UNDERTAKER J. M. Kepken & Co.  
(ADDRESS) 2842 Meramec St.

20. FILED Mar 18 1932  
Max C. Hadden  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1932 to March 16, 1932  
I last saw him alive on March 16, 1932—Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:  
Ruptured appendix with perforation

Other contributory causes of importance: 1/2/1

Name of operation Appendectomy of drainage Date of March 16  
What test confirmed diagnosis? operative Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Roland Hill, M. D.  
(Address) 4500 Olive St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

