

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

Do not use this space.

41552

File No. ....  
Registered No. 10571 .....  
St. .... Ward)

**1. PLACE OF DEATH**

County ..... Registration District No. 91  
Township ..... Primary Registration District No. 33  
City St. Louis Mo (No. 28532, So 18th St)

**2. FULL NAME**

James Gansache  
(a) Residence No. 2853 - So 18th St. 24 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 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 5/1933

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
		<u>10</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. man

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

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

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

13. NAME Frank Gansache F

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

15. MAIDEN NAME Catherine Schmitz

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

17. INFORMANT Frank Gansache (ADDRESS) 2853 - So 18th

18. BURIAL, CREMATION, OR REMOVAL PLACE Old S.S. Peter Paul DATE Dec 11 1933

19. UNDERTAKER J. G. Gansache (Bro) (ADDRESS) 2223 Cherokee St

20. FILED 19 10 10 33 J. H. Benedict Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1933 to Dec 8 1933

I last saw him alive on Dec 8 1933. Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 11/30/33  
108  
Other contributory causes of importance: 108

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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? If so, specify

(Signed) J. W. Senger M. D.

(Address) 3315 S. Jefferson 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.

JAN 26 1934

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