

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.

MAY 13 1935

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

Do not use this space.

14533

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St Louis** *St. Louis City Hospital 3857<sup>a</sup> Blaine* File No. .... Registered No. **3366** St. .... Ward)

2. FULL NAME

**Otto Gansow**  
(a) Residence, No. **3857a Blaine Ave** St., **17** 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) **Married**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **Margaret Ruhbach Gansow** (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 11, 1885**

7. AGE YEARS **50** MONTHS **--** DAYS **--** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Steel Tester**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Curtis Mfg Co**  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

MOTHER 13. NAME **Carl Gansow**

14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

15. MAIDEN NAME **Wilhelmina Beesekow**

16. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

17. INFORMANT **Margaret Gansow** (ADDRESS) **3857a Blaine Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Friedens Cem** DATE **Apr 13, 1935**

19. UNDERTAKER **Reiderwiden Funeral Home** (ADDRESS) **1936 St Louis Ave**

20. FILED **APR 13 1935** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1935** . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at **1:10 PM**.  
The principal cause of death and related causes of importance were as follows:

*Ch. Myocarditis  
Ch. Stenocarditis  
Coronary atherosclerosis*  
Date of onset **12404**

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? **yes**

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) **Harold H. Kelly**, M. D.  
(Address) **St. Louis**

