

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

Do not use this space.

JUN 12 1935

17724

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No. **Lutheran Hospital**) St. _____ Ward _____

File No. _____
 Registered No. **4010**

2. FULL NAME John W. Gantz

(a) Residence, No. **3447 Shenandoah** St. **17** 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Nellie Braggins Gantz**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 14th, 1872**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
63 2 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **General Agent (RR)**

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

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

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

13. NAME **John C. Gantz**

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

15. MAIDEN NAME **Catherine Wolf**

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

17. INFORMANT (ADDRESS) **Elinor Larson 6104 Virginia Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mo. Crematory** DATE **May 4th** '35

19. UNDERTAKER (ADDRESS) **Wick Bros. 2201 S. Grand Boulevard**

20. FILED **MAY -2 1935** **J. Biederk** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 1st, 1935**

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 **5:15 A.M.**

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

Lobar Pneumonia, right side, Chronic Myocarditis, Splenitis Arterio sclerosis, Lysol Poisoning, self administered, Date of onset

Other contributory causes of importance:

SUICIDE. **163**

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:
~~Age~~ suicide, ~~of~~ Date of injury....., 19____

Where did injury occur? **St. Louis Mo.**

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Home

Manner of injury..... **Suicide.**

Nature of injury.....

24. Was disease of injury in any way related to occupation of deceased?

If so, specify.....

(Signed) **J. Biederk**, M. D.

(Address) **5213**

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.

