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.

#2 amended by affidavit of grandson and MO marriage license application

MAR 12 1936

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

Do not use this space.

7834

File No.

Registered No. 1501

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis (No. 3912 Shaw Blvd. St. Ward)

2. FULL NAME Louis J ~~Gauahl~~ Ganahl

(a) Residence, No. 3912 Shaw Blvd. 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. 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 (OR) WIFE OF Mary M Dirk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1868

7. AGE: Years 67 Months 2 Days 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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 (STATE OR COUNTRY) Missouri

FATHER

13. NAME John J. Gauahl

14. BIRTHPLACE (CITY OR TOWN) Alsace Lorraine (STATE OR COUNTRY) France

MOTHER

15. MAIDEN NAME Mary Steber

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

17. INFORMANT Mary Ganahl (ADDRESS) 3912 Shaw

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Feb. 11, 1936

19. UNDERTAKER Hoff Funeral (ADDRESS) 1519 South Grand Blvd.

20. FILED FEB 10 1936, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-4-, 1936 to 2-8, 1936

I last saw him alive on 2-7-, 1936. Death is said to have occurred on the date stated above, at 11 ~~AM~~ PM m.

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

	Date of onset
1 Myocarditis Chronic	
2	
3	
4	

Other contributory causes of importance: Partial paralysis due to apoplexy

Name of operation — Date of

What test confirmed diagnosis? Exam 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) H. John Abernethy, M. D.

(Address) 1504 So. Grand

150501