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 27 1936

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

Do not use this space. 20583

1. PLACE OF DEATH
County St. Louis — Registration District No. ~~784~~ 789 — File No.
Township Central — Primary Registration District No. ~~6-30~~ 6033 — Registered No. ~~92~~ 141
City St. John Station (No. Leenore Ave., At home St. Ward)

2. FULL NAME John C. Ganahl.
(a) Residence, No. Rout 7, Box II78 Wellston, Mo. St. 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nellie Ganahl
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. I, I873.
7. AGE: YEARS 6I — MONTHS 8 — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor
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) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Christian Ganahl
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Josephine Roth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

17. INFORMANT: William Ganahl
(ADDRESS) Route 7 Wellston, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem., DATE May 5/36. 19
19. UNDERTAKER: Jos. W. Clark.
(ADDRESS) II25 Hodiamont Ave.,
20. FILED 5/4 1936 [signature] Registrar.

5-6-36 H A Bachmer [signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3/36. 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1933, to May 3, 1936
I last saw him alive on May 2, 1936 Death is said to have occurred on the date stated above, at 2.30A.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of tongue

Date of onset

Other contributory causes of importance:
chronic myocarditis.

Name of operation Removal of tongue Date of
What test confirmed diagnosis? Lab 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 A H Wurzerell D.
(Signed) , M. D.
(Address) 8900 St Charles Rock Road.

Dr. A.H.Wurzer,
8900 St. Charles rock road,
Wabash I548.
2 to 4 P.M.