

MAR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph, (No. _____)

Registration District No. 85
Primary Registration District No. 1001
Missouri Methodist Hospital

File No. 5161
Registered No. 245
St. _____ Ward _____

2. FULL NAME

Alfred S. Ganselman

(a) Residence, No. 1018 Green St. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 38 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 Bertha Ganselman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr, 23, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 10 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman, St. Joseph Water Co.
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) Unk. 11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co., Mo.13. NAME Valentine Ganselman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Germany.15. MAIDEN NAME Rebecca Hurst16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Unknown.17. INFORMANT (ADDRESS) Mrs. Bertha Ganselman 1018 Green St.18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cemetery DATE Feb, 25, 193719. UNDERTAKER (ADDRESS) Walter Meischner 1302 Faraon St. St. Joseph, Mo.20. FILED 2-24-37 J. H. Nesthus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb, 23, 1937, 1922. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1937 to Feb. 23, 1937I last saw him alive on Feb. 23, 1937. Death is said to have occurred on the date stated above, at 1.0 P. m.

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

Prostatic AbscessDate of onset 2/1-37Other contributory causes of importance: noneName of operation Prostatectomy Date of Feb. 19-37What test confirmed diagnosis? Chemical 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) Arthur H. Kelly, M. D.(Address) 711 Faraon

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.

