

REC'D JUN 8 1938

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

17573
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 395
 (b) Township Tow Primary Registration District No. 1602
 (c) City St. Louis (d) Street No. 19 E. Gen Hosp Registered No. 1925
 (e) Length of residence in city or town where death occurred 500 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Frank Gahan
 (a) Residence, No. 921. E - 74 St St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maryann Gahan
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 26-1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 2 14
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as 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) St. Louis
 13. NAME Patrick Gahan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 15. MAIDEN NAME Hannah Brodhead
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Rec'd Clerk 19 E. Gen Hosp
 18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE May 12 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. P. Doherty 1415 E 15
 20. FILED May 11 1938 M. M. Cron Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-10-39
 22. I HEREBY CERTIFY, That I attended deceased from 5-10-39, 19... to 5-10-39, 19...
 I last saw him alive on 5-10-39, 19... Death is said to have occurred on the date stated above, at 5:10 a.m.
 The principal cause of death and related causes of importance were as follows:
Coronary sclerosis
Chronic myocardial disease
Hypertrophied heart
 Date of onset 93e
 Other contributory causes of importance:
Pulm. Congestion + Oedema

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....
 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) D. J. De Maria, M. D.
 (Address) 19 E. Gen Hosp

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.

102-1150

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.