No. 300
10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34761

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9449

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 1 day.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Barnes Hospital.....

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois b. COUNTY: St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): East St. Louis --
d. STREET ADDRESS (If rural, give location): 2521 Forest Pl.,

8120 8

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Mrs. Sarah Ganke.....

4. DATE OF DEATH (Month) (Day) (Year): 10-28-1955

5. SEX: Female.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married....
8. DATE OF BIRTH: June 8th 1888
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home.....
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): England....
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Morgan.....
13b. MOTHER'S MAIDEN NAME: Catherine Fitzsimmons
14. NAME OF HUSBAND OR WIFE: Harry Ganke.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None.....
17. INFORMANT'S SIGNATURE OR NAME: Miss Kathryn Ganke — **ADDRESS**: St. Louis

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Nausea, Vomiting, and Diarrhea with electrolyte imbalance and catarrhal colitis (Etiology not yet determined)

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): (GASTRO ENTERITIS)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Arteriosclerosis, severe, aorta
Arterio nephrosclerosis
Sub arachnoid hemorrhage

INTERVAL BETWEEN ONSET AND DEATH: 48 Hours
Years
1-2 Years
12 Hours

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 571.1
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/27, 1955, *to* 10/28, 1955, *that I last saw the deceased alive on* 10/28, 1955, *and that death occurred at* 4:35 PM *from the causes and on the date stated above.*

23a. SIGNATURE: F R Bradley (Degree or title): M. D.
23b. ADDRESS: Barnes Hospital
23c. DATE SIGNED: 10/29/55

24a. BURIAL, CREMATION, REMOVAL (Specify):
24b. DATE: 10-31-55
24c. NAME OF CEMETERY OR CREMATORY: Walnut Hill Cemty.,
24d. LOCATION (City, town, or county) (State): Belleville, Ill.

DATE REC'D BY LOCAL REG.: OCT 31 1955
REGISTRAR'S SIGNATURE: J Carl Smith M.D. MJB
25. FUNERAL DIRECTOR'S SIGNATURE: Geo. W. Buchler Jr.
ADDRESS: St. Louis Ill.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

Not Embalmed J. Hattin

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

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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

If this body is not embalmed, fact should be so stated above.