U. S. No. 2
10M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38555

FILED DEC 15 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10269

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
159 A St. George St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 100

(a) State Missouri (b) County 17

(c) City or town St Louis 239
(If outside city or town limits, write "RURAL")

(d) Street No. 159 A St George St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Ursula Magdaline Gahn

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fem.

5. Color or race White

6. (a) ~~Single, widowed~~, married, divorced M. 1

6. (b) Name of husband or wife Lawrence Gahn

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Aug. 3rd. 1876
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	4	4.	hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home.

FATHER
12. Name Jacob Herzog
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Gahn
(b) Address 159 A St George St.

17. (a) Burial (b) Date thereof Dec 10, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St Peter & Paul

18. (a) Signature of funeral director Thos Kulis & Son
(b) Address 2906 Gravois Ave

19. (a) Dec 9 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7
year 1942 hour 9 minute 15 P M.

21. I hereby certify that I attended the deceased from Dec. 3, 1942 to Dec 7, 1942
that I last saw h. ex alive on Dec. 7, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Edema	
Due to Chronic Brights Disease	
Due to Cardiac Complications	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

Signature Darlin D. Johnson (M. D. or other)

Address 280 Chippewa Date signed 12-8-42

(Licensed Embalmer's Statement on Reverse Side)

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Guarai

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, fact should be so stated above.