. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25540

FILED AUG 8 1947

Registration District No. 18

Primary Registration District No. 1003

Registrar's No. 7184

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: St. Louis City Hospital #1. O
(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:

(a) State Missouri (b) County Foo

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 28 Unknown 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME CHARLES E. GAHAN

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male d

5. Color or race White e

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Beatrice Hodgson

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

7. Birth date of deceased May (Month) 15 (Day) 1891 (Year)

8. AGE: Years 56 Months 2. Days 15 If less than one day hr. min.

9. Birthplace Lowell (City, town, or county) Massachusetts (State or foreign country)

10. Usual occupation Worked for California Fire

11. Industry or business Dep't. & B.& M. R.R.

FATHER
12. Name Edward E. Gahan
13. Birthplace Calis (City, town, or county) Maine (State or foreign country)

MOTHER
14. Maiden name Isabelle Janet Crafts
15. Birthplace St. Johns (City, town, or county) N.B. Canada (State or foreign country)

16. (a) Informant Arthur M. Gahan
(b) Address P.O.Box 253, Durham, N.H.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation Durham, N.H. New Hampshire

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) AUG 1 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th year 1947 hour 1:45 minute A M.

21. I hereby certify that I attended the deceased from 6/23/47 to July 30th, 1947, that I last saw him alive on July 30th, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis Far Advanced	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy not done

PHYSICIAN — Underline the cause of 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 O

23. Signature Albert Rauhen (M. D. or other)
Address 1515 Lafayette Date signed 7/30/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

7184

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 John S. Dennehy

Licensed Embalmer No. 4194 J

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, fact should be so stated above.