

HEALTH DEPARTMENT - CITY OF BALTIMORE.

E 37251

CERTIFICATE OF DEATH.

1702

E 37251

REGISTERED

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
City of BALTIMORE: (No. 216 s. Lexington St.

2-FULL NAME Jarry Walter Ganster Jr.

3-RESIDENCE NO. 421 Lake Ave. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 38 yrs. 0 mos. 05 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS
4 SEX Male 4 Color or Race White 5 Single, Married, Widowed, or Divorced. (write the word) Married

CORONER'S CERTIFICATE OF DEATH
10 DATE OF DEATH (month, day, and year) September 8, 1928 105

6a If married, ~~WIFE OF~~ HUSBAND OF Anna Ganster.

11 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

6 DATE OF BIRTH (month, day, and year) August 14, 1890

thereon and from the evidence obtained by said inquiry and that said deceased came to his death on the day stated above.

7 AGE Years Months Days 38 0 25 18 LESS than 1 day hrs. or min.

The CAUSE OF DEATH* was as follows:
Pistol shot wound in the head.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lawyer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

CONTRIBUTORY (INCIDENTAL) (duration) yrs. mos. ds. (Signed) T. H. ... (Coroner)

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

9/10, 1928 (Address) 1017 S. Charles St.

10 NAME OF FATHER Harry A. Ganster Sr.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 IS LENGTH OF RESIDENCE (1) In the U. S. (Transients, or 10 cent Residents.) At place of death yrs. mos. ds. (2) In the State yrs. mos. ds.

12 MAIDEN NAME OF MOTHER Sarah McGraw.

Where was disease contracted, if not at place of death? Former or usual residence

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant (Address) Anna E. Ganster (Wife) 421 Lake Ave.

15 PLACE OF BURIAL, CREMATION OR REMOVAL Stuid hidge Cemetery Date of Burial 9/10 1928

15 Filed ... Registrar

20 UNDERTAKER Henry A. ... ADDRESS 808 N. Calver

PARENTS