

24 1928

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

Do not use this space.

19950

1. PLACE OF DEATH

County Buchanan
Township.....
City St. Joseph, (No. 2625 Frederick Ave.)

Registration District No. 85
Primary Registration District No. 1001

File No.....
Registered No. 742
St. Ward)

2. FULL NAME Fred H. Derge,

(a) Residence No. 2625 Frederick Ave., St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mabel Derge,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 22 - 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 5 18

8. OCCUPATION OF DECEASED 93L 11B
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Retail clothing
(c) Name of employer Derge-Bodenhausen Clo. Co.

9. BIRTHPLACE (CITY OR TOWN) Atchison, (STATE OR COUNTRY) Kansas,

10. NAME OF FATHER Albert Derge,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Greenberg, (STATE OR COUNTRY) Germany,

12. MAIDEN NAME OF MOTHER Amanda Bretz,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Emhousen (STATE OR COUNTRY)

14. INFORMANT mas J. M. Derge (Address) 2625 Frederick Ave.

15. FILED John G. W. 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) June 10 1928

17. I HEREBY CERTIFY That I attended deceased from May 21, 1928, to June 10, 1928, that I last saw him alive on June 9, 1928, and that death occurred, on the date stated above, at about 5:06 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis - chronic
Found dead sitting in his chair
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Influenza - Intestinal
Type (duration) yrs. mos. da. 19

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH.....

D DID AN OPERATION PRECEDE DEATH? no DATE OF..... WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) Clarence A. Todd, M. D.
June 11, 1928 (Address) St. Joseph Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DeKalb, Mo. Via auto DATE OF BURIAL June 12 1928

20. UNDERTAKER. Heaton DeKalb Bur. ADDRESS 319 S. 10 St.
by J. H. Skarle General Home

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.

JUN 12 1928

