

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

Do not use this space.

22805

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. 5600, Arsenal)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 6216
St. 24th Ward

2. FULL NAME Frank Nerge

(a) Residence. No. 4234 Schiller Pl. 15 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan. 31-1868

7. AGE

YEARS 61

MONTHS 4

DAYS 7

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Henry Nerge

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

Germany

12. MAIDEN NAME OF MOTHER

C. Moser

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

Germany

14. INFORMANT

Miss May Headrick
(Address) Saltillo Hospital

15. FILED

10 1929

M. C. Harker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 7th 1929

I HEREBY CERTIFY, That I attended deceased from June 2nd 1929 to June 7th 1929, that I last saw him alive on June 7th 1929 and that death occurred, on the date stated above, at 10:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Non-traumatic cause unknown
cramples of both legs & both thighs
Chr. Myocarditis
(duration) yrs. mos. 12 ds.
CONTRIBUTORY (SECONDARY) Chr. Myocarditis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 4234 Schiller Pl.

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Benj. Margulies, M. D.

June 8th 1929 (Address) 5600 Arsenal St

*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

DATE OF BURIAL

L. S. Pete & Paul June 10, 1929

20. UNDERTAKER

ADDRESS

Spivey Bros 220 So Grand

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.

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