

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

Do not use this space.

24830

791
1003

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No. 3007² Rauschenbach Ave St. Ward)

File No.....
Registered No. 6989.....

2. FULL NAME

Bertha Derda
(a) Residence. No. 3007² Rauschenbach Ave 20 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Michael J Derda (late)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 23, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 2 20

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife (Retired)
(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) Germany

10. NAME OF FATHER John Hoffmann

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

12. MAIDEN NAME OF MOTHER Not known

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

14. INFORMANT Mr. M. J. Callahan (Address) 3007² Rauschenbach Ave

15. JUL 15 1935 FILED Max C. Harrel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13, 1930
17.

I HEREBY CERTIFY, That I attended deceased from May 10², 1929 to July 13², 1930 that I last saw him alive on July 13², 1930 and that death occurred, on the date stated above, at 3:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremia;
131
82D
132B (duration) yrs. mos. ds.
CONTRIBUTORY chronic nephritis; Paralysis (SECONDARY) (Stroke) (duration) 1 1/2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) Arthur Ruedden M. D.
7/14, 1930 (Address) 2202 County

*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 SS. Peter & Paul Cemetery DATE OF BURIAL July 16 1930

20. UNDERTAKER Goodhart & Goodhart ADDRESS 2228 St. Louis Ave

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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