

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.

DEC 12 1935

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

Do not use this space.

1. PLACE OF DEATH

County: Registration District No. **791**
Township: Primary Registration District No. **1003**
City: *St. Louis* (No. *City Hospital #1*)

File No. **37866**
Registered No. **9843**
St. Ward)

2. FULL NAME

(a) Residence, No. *1825 Market* St., *25* 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 <i>Male</i>	4. COLOR, OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Teresa Alice Parks Kerge</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Unknown</i>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>31</i>	<i>75</i>	<i>✓</i>	<i>✓</i>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Unknown</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Unknown</i>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-24*, 19*35*

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at *9:45 a.m.*
The principal cause of death and related causes of importance were as follows:
Date of onset

*Traumatic Retroperitoneal Hemorrhage
Fractured Arm Fractured Pelvis
received when struck by street car
in St. Louis, Mo. Deceased was 86*

Other contributory causes of importance:
*a pedestrian
No auto involved*

Name of operation..... *Accident* Date of..... *11-24-35*
What test confirmed diagnosis?..... Was there an autopsy? *✓*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *Accid.* Date of injury *11-15*, 19*35*
Where did injury occur? *St. Louis, Mo.*
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place

Manner of injury..... *Fractured Pelvis*
Nature of injury..... *Struck by street car*

24. Was disease or injury in any way related to occupation of deceased? *✓*
If so, specify.....
(Signed) *J. P. Bredeck*
(Address) *1125 1/2 St. Louis*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

13. NAME *John Kerge*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Mary unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *John S. Swearingen*
(ADDRESS) *Corner 21st*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Council Bluffs Iowa* DATE *11/28* 19*35*

19. UNDERTAKER (ADDRESS) *Peets Bros. 3029 Lafayette Ave*

20. FILED *11/25 1935*
J. P. Bredeck
Registrar.

11/25/35

Fred W. Peet

929

Council Bluffs, Iowa.
December 6, 1935.

Thomas W. Chamberlain
Deputy Registrar
Bureau of Vital Statistics
St. Louis, Missouri.

Dear sir:

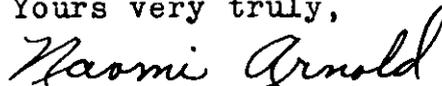
In regard to your letter of December 2, 1935, asking for information for the Death Certificate of Joseph Karge, who died there November 24, 1935.

I have inquired and have obtained the following information from his daughter, a resident of this city.

Mr. Karge was divorced, His divorced wife's maiden name was Teresa Alice Parks, she was born May 12, 1872. Her age was 63, she was born in the State of Virginia. Her parents names were LaFayette Parks, and Matilda Martin. His parents names were John Karge and Mary----- last name of mother is unknown. They were both born in Germany.

Trusting that this information is the same you wished to obtain, I remain,

Yours very truly,



Naomi Arnold, Local Registrar
827 Sixteenth Avenue
Council Bluffs, Iowa.

NMA

5-37866