

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

Do not use this space.

6081

1. PLACE OF DEATH

County Gasconade
Township Herrmann
City Herrmann (No. _____)

Registration District No. 303
Primary Registration District No. 4182

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

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

Robert Schamberg

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

Anna Schamberg

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

Mar. 14 - 1855

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>74</u>	<u>10</u>	<u>26</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

First Creek, Gasconade Co., Mo.

10. NAME OF FATHER

Hudson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER

Hudson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany-

14.

INFORMANT Mrs August Sicht
(Address) Herrmann Mo.

15.

FILED 2-14-29 Anna K. Leckie
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 12 - 19 29

17. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1929, to Feb. 12, 1929
that I last saw him/her alive on Feb. 12, 1929, and that death occurred, on the date stated above, at 7:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary apoplexy

CONTRIBUTORY (SECONDARY)

103

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) W. J. Jeter M.D.
, 19 (Address) 120 E 4th St. Herrmann, 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

Herrmann City Cemetery

DATE OF BURIAL

Feb 15 19 29

20. UNDERTAKER

Herrmann Burial Co

ADDRESS

Herrmann Mo

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.
 MAR 22 1929
 28
 10
 10

