

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.

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

Do not use this space.

19347

1. PLACE OF DEATH

45 County Newaygo Registration District No. 319
 Township Chariton Primary Registration District No. 4253
 City (No.) St. Ward

File No. _____
 Registered No. _____

2. FULL NAME

Anthony B. Himmelberg
 (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 Life 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 _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17, 1909
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 9 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 171
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Station Manager
 10. Date deceased last worked at this occupation (month and year) The day of death 11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newaygo County Mo.

13. NAME Robert Himmelberg
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co. Mo.

15. MAIDEN NAME Mary Brucks
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Great Bend Kan.

17. INFORMANT (ADDRESS) Robert Himmelberg Glasgow Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Glasgow Mo. DATE June 24, 1932

19. UNDERTAKER (ADDRESS) Wendover & Berkeley Glasgow Mo.

20. FILED 8/8 1932 St. Paul Rehrig Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1932

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to June 21, 1932

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:30 m.

The principal cause of death and related causes of importance were as follows:

Accidental Date of onset _____
2-10-6
 Other contributory causes of importance: 5

Name of operation _____ Date of _____

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: Accidental Date of injury June 7, 1932

Where did injury occur? East of Glasgow (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place

Manner of injury Public men way hit by

Nature of injury crushed skull

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. H. Hawkins, M. D.
 (Address) Glasgow Mo. Coroner

