

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

Do not use this space.

**1. PLACE OF DEATH**

County Marion  
Township Liberty  
City Palmyra, Mo. (No. \_\_\_\_\_)

Registration District No. 548  
Primary Registration District No. 4323

File No. \_\_\_\_\_  
Registered No. 8499  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Friedrich Rudolph Schoenborn

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs.  mos. 4 ds. How long in U. S., if of foreign birth? 62 yrs.  mos.  ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-16-1852

7. AGE YEARS 81 MONTHS \_\_\_\_\_ DAYS 19 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) 2-1-33 11. Total time (years) spent in this occupation Whie

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barchstad, Germany

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Pauline Schoenborn (ADDRESS) Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Palmyra DATE 2-7-1933

19. UNDERTAKER B. J. Mead (ADDRESS) Palmyra, Mo.

20. FILED Feb 6th 1933 Gertrude Lee Deputy Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1933

22. I HEREBY CERTIFY That I attended deceased from Feb 1st 1933 to Feb 4 1933

I last saw him alive on Feb 4 1933. Death is said to have occurred on the date stated above, at 4:00 p.m.

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

Influenza Date of onset \_\_\_\_\_

Glycosuria

Other contributory causes of importance: Glycosuria

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) W. C. O'Neal, M. D.  
(Address) Palmyra Mo.

