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

Do not use this space.

File No. 16331

Registered No. 19

1. PLACE OF DEATH
County Gasconade Registration District No. 303
Township ... Primary Registration District No. 4182
City Hermann (No. ... St. ... Ward)

2. FULL NAME Rudolf Baumgaertner

(a) Residence, No. 5 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? 77 yrs. ... mos. ... ds.

JUN 21 1934

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Louisa Baumgaertner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9- 1839

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
94	8	1	

OCCUPATION

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

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) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

FATHER

13. NAME Rudolf Baumgaertner

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Augusta Paeschel Hermann Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hermann City Cem. DATE 5/13 1934

19. UNDERTAKER (ADDRESS) Hugo Blumner Hermann Mo

20. FILED 5-11 1934 Anna K. Rickhoff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 12. 1933, to May 9 1934
I last saw him alive on May 8 1934. Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Dec
131	12
97	1933
13	

Other contributory causes of importance: Arterial Sclerosis

Name of operation None Date of - - -
What test confirmed diagnosis? Clinical Test 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) H. J. Rickhoff, M. D.
(Address) Hermann Mo