WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

21644

AUG 9 1935

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 5644

City St. Louis (No. City Hosp #1 St. ..... Ward)

A 3477

2. FULL NAME Frederick Schomburg

(a) Residence, No. 3942a Caster St. Ward. 10 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1874

7. AGE YEARS 61 MONTHS 2 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Henry Schomburg

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

MOTHER

15. MAIDEN NAME Sophia Wimmer

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

17. INFORMANT (ADDRESS) Hosp Sup Mt Hist City Hosp #1

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem DATE July 2 1935

19. UNDERTAKER (ADDRESS) Math Herman Sons 4161 East Fair Ave

20. FILED JUL - 1 1935 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/4, 1935, to 6/29, 19..

I last saw him alive on 6/29, 1935. Death is said to have occurred on the date stated above, at 1:00 a.m.

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

	Date of onset
(1) Pulmonary Tuberculosis far advanced	
(2) Orthopnea (orthopnea)	

Other contributory causes of importance: ✓

23

Name of operation ✓ Date of .....

What test confirmed diagnosis? ..... 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) Robert J. Farrell, M. D.

(Address) City Hosp #1