

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

SEP 19 1935

30357

1. PLACE OF DEATH  
 County Phelps Registration District No. 677  
 Township Rosedale Primary Registration District No. 4403  
 City Rosedale St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Karl Lemberger  
 (a) Residence, No. Rosedale 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m. 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 Friederika

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>79</u>	<u>9</u>	<u>12</u>	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, 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) Baden Germany

13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mrs Otto Evans  
 (ADDRESS) Rosedale

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Wishon DATE Sept 15, 1935

19. UNDERTAKER Walter R. Sch  
 (ADDRESS) Rosedale

20. FILED Sept 14, 1935 Joe F. Myers  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to Sept 13, 1935.  
 I last saw him alive on Sept 12, 1935. Death is said to have occurred on the date stated above, at 4 1/2 m.  
 The principal cause of death and related causes of importance were as follows:  
Prostatitis (Date of onset Jan 1935)  
chronic pyelitis (Date of onset 1934)  
 Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chrom 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) William J. Greer, M. D.  
 (Address) St James MO

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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