

# Gasconade County

**Baumgaertner, Rudolph** (9 Sep 1839 - 9 May 1934) Buried Hermann City Cemetery. Enlisted in Gasconade Co Home Guards and Co B 4th Mo Inf Vols. One source lists service in 4<sup>th</sup> Mo Inf as a corporal, but the 1890 Veterans Census says private.

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.

JUN 21 1934

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH					Do not use this space.	
1. PLACE OF DEATH County <u>Gasconade</u>		Registration District No. <u>303</u>		File No. <u>16331</u>		
Township <u>Hermann</u>		Primary Registration District No. <u>4182</u>		Registered No. <u>18</u>		
City <u>Hermann</u> (No. _____) St. _____ Ward _____						
2. FULL NAME <u>Rudolf Baumgaertner</u>						
(a) Residence, No. _____ St. _____ Ward _____ (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? <u>77</u> yrs. mos. ds.						
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>May 9, 1934</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Leivisa Baumgaertner</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Dec. 12, 1933</u> , to <u>May 9, 1934</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 9, 1839</u>				First saw him alive on <u>May 8, 1934</u> . Death is said to have occurred on the date stated above, at <u>8 P. M.</u>		
7. AGE	YEARS <u>94</u>	MONTHS <u>8</u>	DAYS <u>1</u>	The principal cause of death and related causes of importance were as follows:		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>				<u>Chronic Nephritis</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>				Date of onset <u>Dec 12 1933</u>		
10. Date deceased last worked at this occupation (month and year) _____				Other contributory causes of importance: <u>Arterial Sclerosis</u>		
11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>						
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stutzgerland</u>						
13. NAME <u>Rudolf Baumgaertner</u>						
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>						
15. MAIDEN NAME <u>Unknown</u>						
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>						
17. INFORMANT (ADDRESS) <u>Mrs. Augusta Paeschel Hermann Mo</u>						
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hermann City Cem.</u> DATE <u>5/13/34</u>						
19. UNDERTAKER (ADDRESS) <u>Hugo Blumen Hermann Mo</u>						
20. FILED <u>5-11-1934</u> <u>Anna R. Rieckhoff</u> Registrar						
Name of operation <u>None</u> Date of _____				What test confirmed diagnosis? <u>Urinal test</u> Was there an autopsy? <u>No</u>		
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? <u>No</u>						
If so, specify _____						
(Signed) <u>H. K. Reichhoff</u> , M. D.						
(Address) <u>Hermann Mo</u>						

**Schiedegger, Frank** (22 Aug 1844 - 17 Mar 1933). Co. C, 2nd MO Light Artillery. Buried St. George Catholic Cemetery. He enlisted as a private and bugler in Co F 2nd Mo Lt Artillery