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

Do not use this space.
34893

1. PLACE OF DEATH

County: St Louis Registration District No. 791
Township: Primary Registration District No. 1802
City: St Louis (No. 5342, Oriole Ave St. ; Ward)

File No.:
Registered No. 10250

2. FULL NAME Edward C. Schmatz

(a) Residence. No. 5342 Oriole Ave St., 7 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 5 - 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	7	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Cripple
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Ill

PARENTS
10. NAME OF FATHER Christ Schmatz
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) St Louis, Mo
12. MAIDEN NAME OF MOTHER Mildred Evans
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs. Christ Schmatz
(Address) 5342 Oriole Ave

15. FILED OCT 30 1937 19 Mark C. Hankel Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1930, to Oct 28, 1930, that I last saw him alive on Oct. 28, 1930, and that death occurred, on the date stated above, at 4:05 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
107A
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Bronch Pneumonia
(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED? HOA
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Usual Symptoms
(Signed) Clarence E. Alexander M. D.
Oct 29. 1930 (Address) 5738 W. Florissant Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peters — DATE OF BURIAL Oct 31 1930

20. UNDERTAKER A. Trow Lee Co — ADDRESS 2107 N. Grand

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.