

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

Do not use this space.

10490

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 911-23
City St. Louis Mo. (No. Lutheran St. Afr.)

File No.
Registered No. 2554
St. Ward)

2. FULL NAME

Marie Schmatler
(a) Residence, No. 2737 1/2 So. 10th St. St. 23 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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 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) July 3 - 1860.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
71 8 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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 18

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Dr. Henry W. Schulz
(ADDRESS) 2603 Cherokee St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews Cem. DATE 3/17 - 1932

19. UNDERTAKER Ziegenhain Bros.
(ADDRESS) 123 Chicago St.

20. FILED APR 15 1932 Ray C. Parker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15 - 1932

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1931, to March 15, 1932
(last saw her alive on March 15, 1932. Death is said to have occurred on the date stated above, at 5:45 a.m.

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

Chronic interstitial nephritis
1860 (1)
Other contributory causes of importance:

Fracture of left hip
falling from bed at 12 a.m.
Name of operation Accident Date of
What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Mar 27, 1931
Where did injury occur? at home 2737 So. 10th
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury falling at home
Nature of injury fracture of left hip

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Henry W. Schulz, M. D.
(Address) 2603 Cherokee St.

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.

MAILED & RESERVED FOR BINDING

VES. NO. 2.

