

MAR 8

1939

DEC'D APR 7 1939

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 784
Township 1 Primary Registration District No. 111
City Richmond Heights (No. St. Mary's Hospital)

File No. 12307
Registered No. 418
St. _____ Ward)

2. FULL NAME

Unnamed - Baby Matz
(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7, 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 5 1/2 hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Rich Hpts Mo (STATE OR COUNTRY) _____

MOTHER FATHER 13. NAME Wilfred Henry Matz

14. BIRTHPLACE (CITY OR TOWN) Edwardsville Ill. (STATE OR COUNTRY) _____

15. MAIDEN NAME Daisy Belle Gandy

16. BIRTHPLACE (CITY OR TOWN) Pueblo Colorado (STATE OR COUNTRY) _____

17. INFORMANT Edward Matz (ADDRESS) Edward Matz, Ill

18. BURIAL, CREMATION OR REMOVAL PLACE Alton Ill DATE Mar. 8 1939

19. UNDERTAKER Robert H. Strieper (ADDRESS) 2119 S. Elm St. St. Louis

20. FILED St. Mary's Hospital Registrar. MAR 8 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7 1939
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:40 a.m.
The principal cause of death and related causes of importance were as follows:

Stillborn
Other contributory causes of importance: Intrauterine death due to placenta abrupted
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) H. H. Matz M. D.
(Address) 3200 W. 11th St. St. Louis

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.

