

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

Do not use this space.

20010

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1010**
City **St Louis** (No. **Christian Hosp**)

File No.
Registered No. **6041**
St. Ward)

2. FULL NAME

LEONA KOENEKER

(a) Residence. No. **4717th Ashland** 6 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 **Female** 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 **VERNON**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan 2 1910**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or ms.
20 4 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **house wife**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **MO**

10. NAME OF FATHER

Elick Sparks

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **MO**

12. MAIDEN NAME OF MOTHER

Idara Lock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **MO**

14.

INFORMANT **Vernon G Koeneker**
(Address) **4717th Ashland av**

15.

FILED **28 1931** **May 28 1931** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 27 1931**

17. I HEREBY CERTIFY, That I attended deceased from **5-25** 1931, to **May 26** 1931, that I last saw her alive on **May 26** 1931, and that death occurred, on the date stated above, at **3 A** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal barressis due to over stretching of intestines and absorption of toxins

1230 (duration) yrs. mos. **3** ds.
CONTRIBUTORY (SECONDARY) **Post operative adhesions involving small intestines from former operation for appendicitis** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH, **1406 N. Taylor**
IF AN OPERATION PRECEDE DEATH, **yes** DATE OF **5-26-31**
WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **Operation**
(Signed) **H. F. Miller**, M. D.

5/28 1931 (Address) **8407 N. Broadway**

*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

DATE OF BURIAL

Par A Lawn **5/30 1931**

20. UNDERTAKER

ADDRESS

Lucien Kelly **1416 N Taylor**

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.

Mr. Mallick

8310 W. 2 Way

9th St. N.W.