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.

11 1936

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

791

Do not use this space.

13402

1. PLACE OF DEATH

County..... Registration District No. 1003

Township..... Primary Registration District No.....

City St. Louis Mo. (No. 4676 Tennessee av St. ..... Ward)

File No.....

Registered No. 3502

2. FULL NAME Leona Bernadine Kirk.

(a) Residence, No. 4676 Tennessee av. 15 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)~~: child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13-1927

7. AGE: Years 8 | Months 10 | Days 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

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) St Louis (STATE OR COUNTRY) Mo.

FATHER

13. NAME Thomas Kirk

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

MOTHER

15. MAIDEN NAME Lydia Schmaufer

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

17. INFORMANT Mrs. Lena Schworm (ADDRESS) 4676 Tennessee av

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Marcus Cem DATE April 1, 1936

19. UNDERTAKER E. J. Schmurr (ADDRESS) 312 S. Lafayette av.

20. FILED MAR 31 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 2, 1936, to March 28, 1936. I last saw her alive on March 28, 1936. Death is said to have occurred on the date stated above, at 8.15 p m.

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

	Date of onset
Acute cardiac dilatation and nephritis, acute, developed from snowball accidentally thrown at lip.	

Other contributory causes of importance:

Acute Nephritis

1946

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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 2-3-1936

Where did injury occur? St Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury struck on lip by snow

Nature of injury ball on way home from school

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Alexander Gillman, D.C.

(Address) 3423 S. Jefferson Ave.