

JUL 27 1936

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

Do not use this space. *u*

24174

1. PLACE OF DEATH

County *St. Louis* Registration District No. *790*  
Township *Clayton* Primary Registration District No. *6033E*  
City *Clayton* (No. *St. Louis Co. Wash*) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. *240*

2. FULL NAME *KELLER, Leona*

(a) Residence, No. *Hanley, Manchester, Maplewood* 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 <i>Female</i>	4. COLOR OR RACE <i>colored</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Samuel Keller</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 13 1900</i>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<i>36</i>	<i>-</i>	<i>10</i>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>			
	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) <i>Missouri</i>				
FATHER	13. NAME <i>Beverly Saboon</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>			
MOTHER	15. MAIDEN NAME <i>Lizzie Tyler</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>			
17. INFORMANT <i>St. Dom. City Hospital</i> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Greenwood</i> DATE <i>June 26 1936</i>				
19. UNDERTAKER <i>W. J. Wade Ind. Co.</i> (ADDRESS) <i>4202 ...</i>				
20. FILED <i>6/26 1936</i> <i>Dr. J. Squarrell</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6/23 1936*

22. I HEREBY CERTIFY, That I attended deceased from *6/17 1936*, to *6/23 1936*  
I last saw h.f.f. alive on *6/23 1936*. Death is said to have occurred on the date stated above, at *1:25 p.m.*  
The principal cause of death and related causes of importance were as follows:  
*Uræmia secondary to  
arterio-sclerotic nephritis*

Other contributory causes of importance: *181*

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? \_\_\_\_\_ 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? *no*  
If so, specify \_\_\_\_\_  
(Signed) *Joseph J. Tully*, M. D.  
(Address) *St. Louis Co. Wash.*

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.

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