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.

JUL 8 - 1937

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

Do not use this space.

File No. 22239

Registered No. 5991

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1008

City St. Louis (No. St. Johns Hospital St. ..... Ward)

2. FULL NAME Sister M. Leonadia

(a) Residence, No. ..... St., N.R. Ward. New Orleans, La.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1895.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	6	2	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Parochial School

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) St. Louis, Missouri.

FATHER

13. NAME F. J. Schnettler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri.

MOTHER

15. MAIDEN NAME Mary Dieckman

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

17. INFORMANT Sister Ignatia
(ADDRESS) Villa Gesu, Baden, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Villa Cem. DATE June 21, 1937

19. UNDERTAKER C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. Broadway

20. FILED JUN 20 1937 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1937, to June 18, 1937
I last saw her alive on June 17, 1937. Death is said to have occurred on the date stated above, at 4.15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diverticulitis of duodenum	6 yrs
Gangrene of duodenum due to diverticulitis	4 mo

Other contributory causes of importance:

Name of operation Laparotomy Date of 6/19/37
What test confirmed diagnosis? Path. Lab. Was there an autopsy? Yes

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) John M. T. Dean, M. D.
(Address) 816 Metropolitan Bldg

Room 817

Metropolitan Bldg.