AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 26023

Township ..... Primary Registration District No. 1003 Registered No. 7197

City St. Louis, Mo. (No. Lutheran Hospital St. ..... Ward)

2. FULL NAME Mrs. Victoria Leonhardt

(a) Residence, No. 3416a Louisiana St., 16 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 18, 1863

7. AGE: YEARS 73 MONTHS 10 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Household
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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): Uniontown, Missouri

FATHER

13. NAME: Carl Frentzel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Amelia Hopfer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Concordia Leonhardt, 3416a Louisiana Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset B. Park DATE July 29, 1937

19. UNDERTAKER (ADDRESS): Beiderwieden Funeral Home, Inc. 1936 St. Louis Avenue

20. FILED JUL 29 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-22, 1937, to 7-27, 1937
I last saw her alive on 7-26, 1937. Death is said to have occurred on the date stated above, at 4:20 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix	7-20-37
With peritonitis	

Other contributory causes of importance:

Name of operation Abdominal Date of 7-24-37
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? no 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) G. H. Schaether, M. D.
(Address) 5401a Gravois

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.

Dr. Yourman
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