

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of St. Catharines York Township of St. Catharines
If in City, Town or Village _____ Street Langford Race Track House No. _____
(Name) (If death occurred in a hospital or institution, give the name instead of street and number).

2. LENGTH OF STAY (in years, months and days)
(a) In City, Town or Township where death occurred _____ (b) In Province _____ (c) In Canada (if immigrant) _____

3. NAME OF DECEASED Koenecke (Family name) Leonard (Given name or names)

RESIDENCE No. _____ Street _____ City, town, village or township Adams Province Wisconsin
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient) USA

4. Sex Ms 5. Nationality (Citizenship) American 6. Racial Origin German 7. Single, Married, Widowed or Divorced (write the word) married

8. BIRTHPLACE USA
(Province or Country)

9. DATE OF BIRTH Jan 18 1904
(Month) (Day) (Year)

10. AGE in Years 31 Months 7 Days 30 If less than one day old hrs. or min.

OCCUPATION 11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Ball Player
12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. _____
13. Date deceased last worked at this occupation 4 years 14. Total yrs. spent in this occupation _____

15. If married give name of wife or husband of deceased Bladys Koenecke

FATHER 16. NAME Herman Koenecke

17. BIRTHPLACE USA
(Province or Country)

MOTHER 18. MAIDEN NAME Lysis Steffen

19. BIRTHPLACE USA
(Province or Country)

20. Signature of informant Herman Koenecke
Address Adams Wisconsin
Relationship to deceased father

21. Place of Burial, Cremation or Removal Adams - Wisconsin USA
Date of burial or removal Sept 27 1935

22. UNDERTAKER W. E. Paerdy & Son
(Name and address) New Toronto Ont

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH Sept 17 1935
(Month) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from _____
_____ 19 _____ to _____ 19 _____
and last saw h. _____ alive on _____ 19 _____

CAUSE OF DEATH

I
Immediate cause Haemorrhage of Brain
Give disease, injury or complication which caused death, set the mode of dying, such as heart failure, asphyxia, aethenia, etc. due to Head Injuries
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
II
Other morbid conditions (if important) contributing to death but not causally related to immediate cause.

25. If a woman, was the death associated with pregnancy? —

26. Was there a surgical operation? No Date of operation _____ 19 _____

State findings _____ Was there an autopsy? _____

27. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accidental Date of injury Sept 7 1935
(State which) blows on head by steel rod
Manner of injury blows on head by steel rod
(How sustained) laceration of scalp - traces of blood
Nature of injury laceration of scalp - traces of blood
Specify whether injury occurred in industry, in home, or in public place acrophase

Signed by H. D. Snyder M.D.
Address Memico Date Sept 18 1935

28. Division Registrar's Record Number S. Barrett

29. Filed Sept 20 1935
(Division Registrar)

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED.
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied. (See reverse side for instructions.)