

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

Do not use this space.

MAY 25 1934

15048

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City *St. Louis* (No. *City*)

File No.

Registered No. **4261**

St. Ward)

2. FULL NAME

(a) Residence, No. *29249* St. *Cherokee* Ward *24*
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/25* 19*34*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Jas L Skala - May 16-1881*

22. I HEREBY CERTIFY, That I attended deceased from *4/23* 19*34* to *4/25* 19*34*
I last saw her alive on *4/25* 19*34*. Death is said to have occurred on the date stated above, at *2:32* pm.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 16-1881*

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 | *11* | *9*

Date of onset

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

Chronic Nephritis
Uremia
Other contributory causes of importance:
13

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

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

13. NAME *Fredrich Franz*

What test confirmed diagnosis? *Clon* Was there an autopsy? *No*

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....

15. MAIDEN NAME *Mary Christine*

Where did injury occur?..... (Specify city or town, county, and State)

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

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

17. INFORMANT *Wm J. Hunt* (ADDRESS) *1234*

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE *New S. S. Park* DATE *Apr 28* 19*34*

Nature of injury.....

19. UNDERTAKER *Wacker Helderle* (ADDRESS) *2331*

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify.....

20. FILED *D 27* 19*34* *J. Bredeck* Registrar.

(Signed) *J. Bredeck* M. D.

(Address) *City*

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.

7335

The following is a list of the names of the persons who were present at the meeting held on the 15th day of August, 1945, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

The names of the persons present are as follows:

Mr. J. Edgar Hoover
 Mr. Clegg
 Mr. Glavin
 Mr. Ladd
 Mr. Nichols
 Mr. Rosen
 Mr. Tracy
 Mr. Carson
 Mr. Egan
 Mr. Gurnea
 Mr. Hendon
 Mr. Pennington
 Mr. Quinn
 Mr. Nease
 Mr. Gandy

The undersigned, J. Edgar Hoover, Special Agent in Charge, Federal Bureau of Investigation, United States Department of Justice, hereby certifies that the above is a true and correct list of the persons who were present at the meeting held on the 15th day of August, 1945, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

J. Edgar Hoover
 Special Agent in Charge
 Federal Bureau of Investigation
 United States Department of Justice