

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

Do not use this space.

8543

1. PLACE OF DEATH

County Moniteau
Township Walker
City (Near) McGirk,

Registration District No. 571
Primary Registration District No. 5769

File No.
Registered No. 14
St. Ward)

2. FULL NAME

Melda Bleich,

(a) Residence. No. St., 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. 3 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 13, 1933

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
----- 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (Near) McGirk,
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Ernest Bleich
11. BIRTHPLACE OF FATHER (CITY OR TOWN) McGirk,
(STATE OR COUNTRY) Missouri.
12. MAIDEN NAME OF MOTHER Louise Strobel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lohman,
(STATE OR COUNTRY) Missouri.

14. INFORMANT Ernest Bleich
(Address)

15. FILED 2-16, 1933 J. N. Poeh
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 16th 1933

17. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1933 to Feb. 16, 1933 that I last saw h.e.r. alive on February 14, 1933, and that death occurred, on the date stated above, at 5:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

The Child was found dead by its Mother. No cause of death could be elicited

CONTRIBUTORY (SECONDARY) none (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH -----

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS none

(Signed) Thomas J. Nichols, M. D.

, 19 (Address) Centertown, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lutheran Cems. DATE OF BURIAL 2/17 1933

20. UNDERTAKER William + Friedmeyer ADDRESS California Mo.

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.

The following is a list of the names of the persons who were present at the meeting held on the 15th day of August, 1947, 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. E. A. Tamm
 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, Director of the Federal Bureau of Investigation, is the only person who was present at the meeting who is not a member of the Federal Bureau of Investigation.

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