

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

Do not use this space.

14617

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1005
 City St. Louis (No. Westmoreland Hotel) St. Ward)
 Registered No. 3124

2. FULL NAME

(a) Residence, No. Westmoreland Hotel 12 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 <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louis M. McCall</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 1858</u>			
7. AGE YEARS <u>about 75</u>		MONTHS	DAYS	IF LESS THAN 1 day,hrs. ormin.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>				
	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) <u>Dayton Ohio</u>					
FATHER	13. NAME <u>Unknown</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>—</u>				
MOTHER	15. MAIDEN NAME <u>Unknown</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>—</u>				
17. INFORMANT <u>C. C. Allen</u> (ADDRESS) <u>Business Bank Bldg</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Crematory</u> DATE <u>Apr 5 1933</u>					
19. UNDERTAKER <u>Wagner</u> (ADDRESS) <u>2362 Olive St</u>					
20. FILED <u>APR - 3 1933</u> <u>May E Standley</u> Registrar.					

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1 1933

22. I HEREBY CERTIFY, That I attended deceased from March 30 1933 to April 1 1933.
 I last saw her alive on March 31 1933 Death is said to have occurred on the date stated above, at 12:50a.
 The principal cause of death and related causes of importance were as follows:
Pneumonia Date of onset 12:50a
12:50a
10 11 12
130
130

Other contributory causes of importance:
Myocarditis chronic

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? no

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? no.
 If so, specify
 (Signed) J. B. Beyer M. D.
 (Address) 1027 Broadway

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.

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The following is a list of the names of the persons who were present at the meeting held on the 15th day of August, 1948, 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, 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, 1948, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

J. Edgar Hoover
 Director