

**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**
Township Primary Registration District No. **1006**
City **St. Louis Mo.** (No. **De Paul Hosp**)

18301
File No.
Registered No. **4528**
St. Ward)

2. FULL NAME

(a) Residence, No. **2812 N. 23** - **St.** St., **20** 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. 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 14 - 1858**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	74	5	7	

OCCUPATION 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria**

FATHER 13. NAME **Lorenz Kindler**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria**

MOTHER 15. MAIDEN NAME **Not known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria**

17. INFORMANT **Fred Schmidt**
(ADDRESS) **2812 N. 23 - St.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **St Johns North** DATE **May 24**, 19**33**

19. UNDERTAKER **H. Leidner and Co**
(ADDRESS) **4117 N. Market St.**

20. FILED **J. F. Bredt**
19**33** Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 21**, 19**33**

22. I HEREBY CERTIFY, That I attended deceased from **April 4**, 19**33**, to **May 21**, 19**33**.
I last saw him alive on **May 21**, 19**33**. Death is said to have occurred on the date stated above, at **12 P.m.**

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

Diabetes Coma Date of onset **5/19/33**

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Other contributory causes of importance:
Chronic nephritis **Apr/33**
Diabetes Mellitus **11/33**
Double mastoid **11/33**

Name of operation Date of
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? 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 **Home**
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **Diabetes**
(Signed) **Paul J. Stueck**, M. D.
(Address) **1901 Madison**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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MEMORANDUM FOR THE DIRECTOR, FBI

TO : SAC, NEW YORK

FROM : SAC, NEW YORK

SUBJECT: [Illegible]

[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or report.]