

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.

MAY 25 1934

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

Do not use this space.

12046

1. PLACE OF DEATH
County Buchanan Registration District No. 22
Township Washington Primary Registration District No. 5127
City St. Joseph, Mo. (No. Route # 6, St. _____ Ward _____)

File No. _____
Registered No. 37

2. FULL NAME Lois Esther Rosenauer
(a) Residence, No. Route # 6 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. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 14, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
7 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) St. Joseph, (STATE OR COUNTRY) Missouri

MOTHER 13. NAME Ignatz Rosenauer

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

15. MAIDEN NAME Eva Tibbets

16. BIRTHPLACE (CITY OR TOWN) Nodaway County, (STATE OR COUNTRY) Missouri

17. INFORMANT Ignatz Rosenauer (ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Removal PLACE Freeman Mortuary, Inc. DATE April-13 1934

19. UNDERTAKER Freeman Mortuary, Inc. (ADDRESS) St. Joseph, Mo.

20. FILED Apr 13 1934 Registrar J. J. [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-10 (7PM) 1934, to 4-11 1934

I last saw her alive on 4-10 1934. Death is said to have occurred on the date stated above, at 3:16 A.M.

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

Epidemic Spinal meningitis Date of onset 4/10/34

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Laboratory 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) L. E. Nauman M. D.

(Address) St. Joseph, Mo.

The following is a list of the names of the persons who were present at the meeting held on the 15th day of August, 1944, 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, Director of the Federal Bureau of Investigation, is the author of the foregoing list.

J. Edgar Hoover
 Director