

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 790

File No. 14148

Township Central

Primary Registration District No. 6033A

Registered No. 106

City Clayton

(No. St. Louis County Hospital)

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. 229 - West Main St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred

Fussburg, Mo. yrs. _____ mos. _____

How long in U. S., if of foreign birth?

(If nonresident, give city or town and State) yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 - 1864

7. AGE YEARS 69 MONTHS 10 DAYS 5 If LESS than 1 day, _____ hrs. _____ min.

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

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) Germany

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Madalma Wagner

(ADDRESS) 1921 - Congress St

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peter Paul DATE Apr 16 1934

19. UNDERTAKER Wacker & Kelderte

(ADDRESS) 2331 Broadway

20. FILED Apr 14 1934 Rott J. Ambrosio Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13 1934

22. I HEREBY CERTIFY, That I attended deceased from 3 - 27 1934 to 4 - 13 1934

I last saw her alive on 4 - 12 1934 Death is said

to have occurred on the date stated above, at 12:30 a.m.

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

hemiplegia (right) Date of onset 3-23-34
cerebral hemorrhage

Branchio-pneumonia 4-10-34
arteriosclerosis ?
hypertension ?

Other contributory causes of importance:

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) Dwight W. Coffey, M. D.

(Address) St. Louis Co. Hosp.

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.

9/6
7-4
7

13
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1947

The following is a list of the names of the persons who were present at the meeting held on the 15th day of January, 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, is the Director of the Federal Bureau of Investigation, United States Department of Justice.

Witness my hand and the seal of the Federal Bureau of Investigation, at Washington, D. C., this 15th day of January, 1947.

J. Edgar Hoover
 Director