

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.

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. **1003**
City **St. Louis** (No. **DePaul Hospital**) St. Ward)

File No. **22337**
Registered No. **6118**

2. FULL NAME **Agusta Meltzow**

(a) Residence, No. **4311 Gravois** St. **15** Ward. (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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Otto A. Meltzow**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 9, 1875**

7. AGE YEARS **58** MONTHS **11** DAYS **12** If LESS than 1 day, hrs. or 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) **St. Louis, Mo.** (STATE OR COUNTRY)

13. NAME **Jacob Rosenberger**

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

15. MAIDEN NAME **Sophia Veninga**

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

17. INFORMANT **May Meltzow** (ADDRESS) **4311 Gravois**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Burial** DATE **June 23, 1934**

19. UNDERTAKER **Southern Undertaking Co.** (ADDRESS) **3337 Grand**

20. FILED **22 1934** **J. J. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 21, 1934**

22. I HEREBY CERTIFY that I attended deceased from **June 17** 19**34** to **June 21** 19**34**. I last saw her alive on **June 21** 19**34**. Death is said to have occurred on the date stated above, at **2 P.** m.

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

Cerebral Embolism Date of onset

930

Other contributory causes of importance **Myocarditis. Chr. Post-operative Sepsis. Septicemia.**

Name of operation **Systerectomy** Date of **June 2**
What test confirmed diagnosis **Clinical** 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 **LM Bondan** (Signed) **S. S. Bedy**, M. D.
(Address)

St. Louis City

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Agusta Meltzow
Who died at _____ on June 21 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 58 Months 11 Days 12

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Cerebral embolism Ch. myocarditis Month _____ Year _____
Birthplace (State or country) Post-operative Febrile
Birthplace of father (State or country) Utah
Birthplace of mother (State or country) Nova Scotia
Principal cause of death: _____

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician A. M. Pearson - Duster Reg.
Address of physician _____
Signature of Registrar J. F. Budick Date filed 10-17-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. _____
Primary Reg. Dist. N. _____
Very truly yours,
E. T. McGaugh
State Registrar
Special Agent.

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

MEMORANDUM FOR THE DIRECTOR
FROM: SAC, [illegible]

RE: [illegible]

5-22-37