

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

Do not use this space.

FEB 21 1935

3202

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis 7th (No. Santhamun) St. 491 Ward)

2. FULL NAME Annie Harold

(a) Residence, No. 3443 Kaeble St. 21 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 6 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1831

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>about 104</u>	<u>-</u>	<u>-</u>	<u>-</u>	

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. housework
 10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Virginia

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Herbert P. Smith md 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE E. St. Louis DATE 1-15 1935

19. UNDERTAKER (ADDRESS) B. M. C. Green 3517 Poplar ave

20. FILED Jan 14 1935 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1931, to Jan 11th 1935
 I last saw her alive on Jan 11th 1935 Death is said to have occurred on the date stated above, at 4:30 P. m.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset 1931
Senility

Other contributory causes of importance.....
 Name of operation none Date of.....
 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 none
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) Herbert P. Smith md, M. D.
 (Address) 5400 Arsenal St

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.

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

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

TO: SAC, NEW YORK
FROM: SAC, NEW YORK
SUBJECT: [Illegible]

[Extremely faint and mostly illegible typed text, possibly containing a report or memorandum body.]