

This Certificate Must be OK'd by Coroner,

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

Do not use this space.

JUN 4 1935

14228

1. PLACE OF DEATH

96 County St. Louis
2 Township Central
7 City Clayton

Registration District No. 790
Primary Registration District No. 60339
(No. St. Louis Co. Hosp. St. _____ Ward)

File No. _____
Registered No. 131

2. FULL NAME

Mabel Hanley
(a) Residence, No. Betty Lee & Hillman - Overland 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13-1935

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

22. I HEREBY CERTIFY, That I attended deceased from 4-13-1935 to 4-13-1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6, 1888

I last saw her alive on 4-13-1935 Death is said to have occurred on the date stated above, at 4:45 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 4 7

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Aproplexy - Rt. hemiplegia
Emphysema

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Topeka Kansas

Other contributory causes of importance: Hypertension

13. NAME John R. Swires

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Carrie J. Withrow

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT Mr. Charles H. Swires (ADDRESS) 2635 Edgar Ave.

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE April 16, 1935

Manner of injury _____
Nature of injury _____

19. UNDERTAKER Geo. L. Pleitach Inc (ADDRESS) 5966 Eastern Ave.

24. Was disease or injury in any way related to occupation of deceased? No

20. FILED 4/16 1935 Robt J. Armstrong Registrar.

(Signature) P. G. Buss M. D.
(Address) St. Louis Co. Hosp. Clayton, Mo.

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.

96-2-10

1948

The following is a list of the names of the persons who were present at the meeting held on the 15th day of August, 1948, 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 certifies that the above is a true and correct list of the persons who were present at the meeting held on the 15th day of August, 1948, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

W. J. Brennan
 Special Agent in Charge