

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.

SEP 25 1925

26480

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 3333
 Township RAW Primary Registration District No. 1002 Registered No. 01225
 City Kansas (No. 558 Holmes St. St. _____ Ward _____)

2. FULL NAME Angelo Lo Scalzo

(a) Residence, No. 558 Holmes 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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mary Loscalzo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 14, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
55 4 9

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) (STATE OR COUNTRY) Licata Italy

FATHER
 13. NAME Anthony Lo Scalzo

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

MOTHER
 15. MAIDEN NAME Angela Lo Scalzo

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

17. INFORMANT (ADDRESS) Mary Lo Scalzo
558 Holmes St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary Cem. DATE Aug. 16, 1925

19. UNDERTAKER (ADDRESS) Peter B. Lepetina
558 Campbell St.

20. FILED Aug 15 1925 M. M. Crown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13 1925

22. I HEREBY CERTIFY, That I attended deceased from June 1925 to August 13 1925.
 I last saw him alive on August 13 1925. Death is said to have occurred on the date stated above, at 6 P.M.

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

Cirrhosis of liver with ascites
Laenne type of cirrhosis
 Date of onset _____

Other contributory causes of importance:
bronchopneumonia

Name of operation no autopsy Date of _____
 What test confirmed diagnosis? no Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 19____

Where did injury occur? no
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) Frank Greenwood, M. D.
 (Address) 1928 Annapolis

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

J. Edgar Hoover
 Director