

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

Do not use this space.

NOV 27 1935

1. PLACE OF DEATH
 County St. Louis Registration District No. 290
 Township Central Primary Registration District No. 60339
 City Clayton (No. St. Louis County Hosp.) St. _____ Ward _____

2. FULL NAME Mary Sieber
 (a) Residence, No. 5454 Helen West Walnut Manor (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.

File No. 33882
 Registered No. 316

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Michael Sieber</u>		
8. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 14 1880</u>		
7. AGE	YEARS	MONTHS
	<u>55</u>	<u>6</u>
		DAYS
		<u>13</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
OCCUPATION		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hungary</u>		
13. NAME <u>Anton Nagy</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hungary</u>		
15. MAIDEN NAME <u>Margaret Mettler</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hungary</u>		
17. INFORMANT (ADDRESS) <u>Husband 5454 Helen West Walnut Manor</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>11-1</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>With Bur. for Mo 2929 S. Jefferson Ave</u>		
20. FILED <u>10/30</u> 19 <u>35</u> <u>W. A. J. Fitzgerald</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-29 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-24, 1935, to 10-29, 1935
 I last saw h. e. r. alive on 10-29, 1935. Death is said to have occurred on the date stated above, at 5 A m.
 The principal cause of death and related causes of importance were as follows:
Possible Hodgkin's Disease or Cancer of pancreas
 Other contributory causes of importance Secondary Venema
 Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? _____
 If so, specify _____
 (Signed) J. C. Craycraft, M. D.
 (Address) St. Louis Mo

WHILE FILING, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

The following is a list of the names of the persons who were present at the meeting held on the 15th day of June, 1945, 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, hereby 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 June, 1945, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

J. Edgar Hoover
 Director