

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **1**) City Sanitarium..... St. Ward)

File No. **18041**
Registered No. **4617**

2. FULL NAME Dora Schinstock

(a) Residence, No. 101 West Ferry St St. 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 47 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 Henry Schinstock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 58 7 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Caffeteria

10. Date deceased last worked at this occupation (month and year) 11-1-37 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Cape Girardeau, (STATE OR COUNTRY) Missouri

13. NAME William Fullbright

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Iowa

15. MAIDEN NAME Unknown

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

17. INFORMANT W.T. Zietler, M.D. (ADDRESS) 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE May 7 37

19. UNDERTAKER Wool & Carroll (ADDRESS) 600 West Bridge

20. FILE MAY 5 - 1937 J. Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-4-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/31/1930, 19, to 5/4/37, 19.

I last saw her alive on 5/4/37, 19. Death is said to have occurred on the date stated above, at 5-20 a.m.

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

Cardio-renal Vascular Disease 3-31-30x

Other contributory causes of importance: Erysipelas of Face 4-30-37

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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? If so, specify.....
(Signed) William T. Zietler, 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.

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22-1

October 1971

John S. Galt

Director, Federal Bureau of Investigation

Washington, D. C. 20535

Dear Mr. Galt:

I am writing to you regarding the information received from the [redacted] concerning the activities of [redacted] in the [redacted] area. This information was obtained from a confidential source who has provided reliable information in the past.

The [redacted] has been identified as a member of the [redacted] and has been active in the [redacted] area. It is believed that this individual is involved in the [redacted] and is providing information to the [redacted].

I am sure that you will find this information of interest and will take appropriate action. If you have any questions, please contact me at [redacted].

Sincerely,
[redacted]