WRITE PLAINLY, 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.

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

Do not use this space.

2739

File No.
Registered No. 440

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis (No. 1708 N. Spring St. ..... Ward)

2. FULL NAME Peter J. Foley

(a) Residence, No. 1708 N. Spring St., 11 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~~: Katie Foley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 25-1866

7. AGE: Years 65 | Months 1 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stone-Cutter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 93
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): Ireland

FATHER

13. NAME: Patrick Foley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Mary J. Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Katie Foley, 1708 N. Spring St.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Calvary Cemetery DATE: Jan. 15 1932

19. UNDERTAKER (ADDRESS): Cullinane Bros, 1702 Grand Ave.

20. FILED: JAN 14 1932 19 Thos. C. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 13 1932

22. I HEREBY CERTIFY, That I attended deceased from DEC. 26, 1931, to JAN. 13, 1932

I last saw him alive on JAN 13, 1932 Death is said to have occurred on the date stated above, at 8 50 a.m.

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

	Date of onset
LOBAR PNEUMONIA	
(ACUTE LEFT SIDE	DEC. 25-31

Other contributory causes of importance: ARTERIOSCLEROSIS GENERAL

Name of operation ..... Date of ..... Was there an autopsy? No

What test confirmed diagnosis? PHYS. EX.

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 1
Nature of injury .....

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

(Signed) Francis J. Weber, M. D.
(Address) 4114 W. 7 Cor. Assistant Av

Dr. Medfer
Col. 2783
4114 N. Florissant av
12 to 2 Rm