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.

37833

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis (No. 6519 Wise av. St. ..... Ward)

File No. .....

Registered No. 7666

2. FULL NAME Jennie Foley,

(a) Residence, No. ..... St., 4 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. A. Foley,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1865-12-14

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	66	8	8	

OCCUPATION

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. 235

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) Colburn, Ind. 2

FATHER

13. NAME David Schnepp,

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

MOTHER

15. MAIDEN NAME Susan Hughes,

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

17. INFORMANT (ADDRESS) Chas. A. Foley 6519 Wise av.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Delphi, Ind. DATE 8/23/32. 19

19. UNDERTAKER (ADDRESS) Robert Hambrecht Inc. Clayton Road at Concordia Lane

20. FILED AUG 23 1932 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 - 22 - 32. , 19

22. I HEREBY CERTIFY, That I attended deceased from 6 ct, 1925, to August 22nd, 1932.

I last saw her alive on August 22nd, 1932. Death is said to have occurred on the date stated above, at 2 P. m.

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

	Date of onset
Chronic Interstitial Nephritis	9 years ago
131	
99	

131

Other contributory causes of importance:

Arteriosclerosis

1

Name of operation non Date of .....

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

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? no

If so, specify .....

(Signed) Peter A. Eck, M. D.

(Address) 4701a St. Louis av.