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.

FEB 8 1937

Registration District No. 791

Primary Registration District No. 1003

File No. 3853

Registered No. 891

1. PLACE OF DEATH

County

Township

City St. Louis (No. 727 Dover Place 2 St. Ward)

2. FULL NAME Edna H. Foley

(a) Residence, No. 727 Dover Place St., 1 Ward. 1
(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	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Librarian 195

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

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) Canton Ohio 2

FATHER

13. NAME Jos. J. Foley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany New York 2

MOTHER

15. MAIDEN NAME Frances Maile

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canton Ohio 2

17. INFORMANT Jos. Foley
(ADDRESS) 727 Dover Pl., St. Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Youngstown, Ohio DATE Jan. 20, 1937

19. UNDERTAKER C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. B'way, St. Louis, Mo

20. FILED JAN 20 1937 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/11/37, 19..., to 1/20/37, 19..., I last saw her alive on 1/20/37, 19..., Death is said to have occurred on the date stated above, at 9:00A m.

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

	Date of onset
Cerebral hemorrhage incident to marked hypertension.	

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? physical findings, lab. findings. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: No

Accident, suicide, or homicide? No. 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) E. H. GIBBONS, M. D.

(Address) 3104 S. Grand, St. Louis, Mo.

Vet. Hospital