

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

36240
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **21008**
(b) Township Primary Registration District No. **9817**
(c) City **St. Louis.** (d) Street No. **5220 Delor Street** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Minnie Foley.
(a) Residence, No. **5220 Delor Street.** St. **14**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **J. William Foley.**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 25, 1884**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 11 26
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home.**
9. Industry or business in which work was done, as saw mill, bank, etc.
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) **St. Louis, Mo.**
13. NAME **Henry Keiser, v.**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**
15. MAIDEN NAME **Louisa Krueger.**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**
17. INFORMANT **J. William Foley.**
(ADDRESS) **5220 Delor Street.**
18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Oct. 23, 1937**
19. FUNERAL DIRECTOR **Arthur J. Donnelly.**
(ADDRESS) **3840 Lindell Blvd.**
20. **OCT 22 1937** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/21** 19**37**
22. I HEREBY CERTIFY, That I attended deceased from **7/11/36** 19... to **10/21** 19**37**
I last saw him alive on **10/20** 19... Death is said to have occurred on the date stated above, at **7:30 A.M.**
The principal cause of death and related causes of importance were as follows:
Carcinoma of Breast Date of onset **18 mo.**
Carcinoma of Lungs **2 mo.**
50
Other contributory causes of importance:
Acute Cardiac Dehydration **1 day**
Name of operation **Deep Breast Carcinoma** Date of **7/11/36**
What test confirmed diagnosis? **Microscopic** 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? **no**
If so, specify
(Signed) **John McH Deau** M. D.
(Address) **816 Metropolitan Bldg.**

WHILE PRINTING WITH ON-PAGING 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.

1 X12004

Dr. James W.H. Brown
next body
2-4

STATEMENT BY LICENSED EMBALMER

I, Alfred F. Boedeker, Licensed Embalmer No. 2663

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Alfred F. Boedeker
Licensed Embalmer No. 2663

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)