

No. 2
-11-10-39
-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13156

State File No. _____

MAY 15 1940
Registration District No. 7917

Primary Registration District No. _____

Registrar's No. 3358

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Sanitarium.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Months.
(Specify whether _____)
In this community 61 Years.
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 4721 Cupples Place.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME JOHN L. FOLEY. H00

8. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male. 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Foley. 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June 4th. 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 10 8 _____ hr. _____ min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Electrical Worker.

11. Industry or business Retired

12. Name Thomas Foley.

13. Birthplace Ireland. 3
(City, town, or county) (State or foreign country)

14. Maiden name Mary Grady.

15. Birthplace Ireland. 5
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Foley

(b) Address 4720 Cupples Place

17. (a) Burial (b) Date thereof 4-15-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) APR 13 1940 (b) J. T. Breda
(Date received local health officer's certificate) (Signature of health officer)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th.
year 1940 hour 3. minute 55 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(If means of injury)

23. Signature Joseph [unclear] (M.D. or other)
Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

10-2-2000

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.)

If this body is not embalmed, above space should be left blank.