No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39850

Registration District No. 791 (FILED JAN 24 1942)

Primary Registration District No. 1003

Registrar's No. 9556

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Weeks (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis, (If outside city or town limits, write "RURAL")

(d) Street No. 4106a Virginia Ave. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOHN J. FOLEY

3. (b) If veteran, name war

3. (c) Social Security No. 498-07-7550

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Foley

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased June (Month) 21, (Day) 1863 (Year)

8. AGE: Years 78 Months 5 Days 9 If less than one day hr. min.

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

10. Usual occupation Clerk Shapleigh Hardware Co.

11. Industry or business

FATHER
12. Name John Foley
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Dwyer
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant George Foley

(b) Address 4106a Virginia Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/41. (Month) (Day) (Year)

(c) Place: burial or cremation New SS.Peter&Paul Cem.

18. (a) Signature of funeral director J. H. Gebken L and U Co.

(b) Address 2842 Meramec St.

19. (a) DEC 2 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30th. year 1941 hour 1 minute 55A. M.

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

Immediate cause of death Chronic Myocarditis, with failure, general arteriosclerosis and fracture of left hip when he slipped and fell on a drain plate located between the northbound streetcar tracks at Ninth and Clark Avenue, about 6:00 PM, September 9, 1941. ACCIDENT.

Due to

Due to

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) ACCIDENT

(b) Date of occurrence 9-9-1941

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred Herrs (M. D. or other)

Address [illegible] Date signed 12/9/41

(Licensed Embalmer's Statement on Reverse Side)

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

Joseph S. Benz, Registered Apprentice No. 218

working under my personal supervision.

Signed Leon E. Percy

Licensed Embalmer No. 4064

P. O. Address 2842 Meramec St.
St. Louis, Mo.

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

If this body is not embalmed, fact should be so stated above.