

FILED JUL 24 1943 318

Registration District No. _____ Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town **ST. LOUIS**

(c) Name of hospital or institution: **PERSONAL DEATH**
ST. LOUIS CITY HOSPITAL

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **000**

(c) City or town **ST. LOUIS** (If outside city or town limits, write "RURAL")

(d) Street No. **5126 PAGE BLVD.** (If rural, give location) **17**

(e) Citizen of foreign country? _____ (Yes or No) **96**

If yes, name country _____

3. (a) PRINT FULL NAME **JOHN P. FOLEY**

3. (b) If veteran, name war **WORLD WAR # 1** 3. (c) Social Security No. **489-03-9495**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MARGARET FOLEY** 6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **OCT. 30, 1892**

8. AGE: Years **50** Months **8** Days **10** If less than one day _____ hr. _____ min.

9. Birthplace **ST. LOUIS MO.**

10. Usual occupation **DAIRY WORKER**

11. Industry or business **BERGJANS DAIRY**

12. Name **JOHN FOLEY**

13. Birthplace **ST. LOUIS MO.**

14. Maiden name **ELIZABETH HAUSS**

15. Birthplace **ST. LOUIS MO.**

16. (a) Informant **MRS. MARGARET FOLEY**

(b) Address **5126 PAGE BLVD.**

17. (a) **BURIAL** (b) Date thereof **7-16-43**

(c) Place: burial or cremation **CALVARY CEMETERY**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **13,** year **1943** hour **3** minute **30 P.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: **Electrocution while pulling a switch while at work at the Bergjans Dairy**

Due to **4820 National Bridge around 3:30 pm. July 13, 1943**

Due to _____

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

Major findings: Of operations **HO**

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **July 13, 1943**

(c) Where did injury occur? **St. Louis**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Industry**

PHYSICIAN
Underline the cause to which death should be charged statistically.

While at work? **yes** (Specify type of place) **Electrocution**

23. Signature **Thomas J. Callahan** (M.D. or other) **Deputy Coroner** Date signed **7-16-43**

JUL 27 1948

Coroner
Officer

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 W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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, fact should be so stated above.