No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1947

Registration District No. 312

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 7323

Registrar's No. 528

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: 2623 Woodson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 10 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96

(c) City or town Overland 13
(If outside city or town limits, write "RURAL")

(d) Street No. 2623 Woodson 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ____

3. (a) PRINT FULL NAME Clara A Foley

3. (b) If veteran, name war ////////////

3. (c) Social Security No. ////////////

4. Sex F

5. Color or race W

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

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

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

7. Birth date of deceased Nov 21 1888 (Month) (Day) (Year)

8. AGE: Years 54 Months 3 Days 17 If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business Own home

FATHER
12. Name James Moore
13. Birthplace ____ Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clara Moore
15. Birthplace ____ Ohio (City, town, or county) (State or foreign country)

16. (a) Informant William Foley
(b) Address Overland Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation New S S Peter & Paul Cem

18. (a) Signature of funeral director Ortmann Funeral Home
(b) Address 9222 Lackland Overland Mo

19. (a) 3-11-47 (Date received local registrar) (b) Ruth J Allen MD MSA (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8
year 1947 hour ____ minute 2:30P M.

21. I hereby certify that I attended the deceased from Feb. 28, 1947, to Mar. 8, 1947;
that I last saw her alive on Mar. 8, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	3 days
Due to: Pa-Grippe	5 days.
Due to: 33	
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) none

(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? — (Specify type of place)

While at work? — (e) Means of injury — 0

23. Signature Roy A. Hallhe (M. D. ~~or other~~)
Address 2438 Woodson Rd. Date signed 3-10-47

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Al C Ortmann

Licensed Embalmer No. 3478

P. O. Address.....

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.