

FILED JUL 21 1947
318

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Johns Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Anns Home, Union & Page**
(If outside city or town limits, write "RURAL")
(d) Street No. **5301 Page** (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Bridget Foran**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Thomas Foran**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **February 2 1869**
(Month) (Day) (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 **At Home**

11. Industry or business **Thomas Crowley**

12. Name **Thomas Crowley**

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

14. Maiden name **Catherine (?)**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **John Foran**

(b) Address **5738a Labadie Ave.**

17. (a) **Burial** (b) Date thereof **7/14/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

Stroot-Carroll

18. (a) Signature of funeral director **J. F. [Signature]**

(b) Address **4600 Natural Bridge Ave.**

19. (a) **JUL 12 1947** (b) **J. F. [Signature]**
(Date received local final copy) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **11** year **1947** hour **5** minute **05 P** M.

21. I hereby certify that I attended the deceased from **July 9th** 19**47** to **July 11th** 19**47**
that I last saw her alive on **July 11th** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Peritonitis** Duration **3 da.**
Ruptured Gastric Ulcer **8 da.**

Other conditions **Arteriosclerotic Heart Disease** **6 yrs**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy **Peritonitis - Perforated Gastric Ulcer - Coronary Sclerosis**
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) _____
(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) (e) Means of injury _____

23. Signature **W. [Signature]** (M. D. or other) _____
Address **806 Mo. Theatre Bldg.** Date signed **7-12-47**

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

MOTHER FATHER

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

Ben E. Hoffman

Licensed Embalmer No. *4366*

P. O. Address *St. Louis, Mo.*

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.