

5. No. 300  
10. 48

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11354

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 263

4001  
4

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Normandy</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lucas - Hunt Village</b>	
c. LENGTH OF STAY (In this place) <b>1 day</b>		d. STREET ADDRESS (If rural, give location) <b>7319 Burrwood Dr. 4170</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>O'Sullivan Nursing Home</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) _____ c. (Last) <b>Foley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1 30 52</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Oct. 15, 1891</b>
9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Receptionist (Retired) Physicians Off.</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>John Foley</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Walsh</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Josephine Nahler Canterbury</b> ADDRESS <b>9954a</b>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Arteriosclerotic Heart-Disease</b>		?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <b>Essential hypertension</b>		?

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>4200</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **1/18**, 19**52**, to **1/30**, 19**52**, that I last saw the deceased alive on **1/30**, 19**52**, and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wm. H. Weber, M.D.</b>	23b. ADDRESS <b>1506 Hademan St.</b>	23c. DATE SIGNED <b>1/31/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 2, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Cullen &amp; Kelly</b> ADDRESS <b>7267 Natural Bridge</b>	

DATE REC'D BY LOCAL REG. **2-1-52** REGISTRAR'S SIGNATURE **Herbert R. Donk HP** (Licensed Embalmer's Statement on Reverse Side)

SC

**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 .....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed James G. Lammer

Licensed Embalmer No. 4142

P. O. Address St. Louis

**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.