V.S. No. 300
Rev. 10-48

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

FILED SEP 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33223

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8017

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (in this place): 4-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.Anthony's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St.Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 3808 Carondelet Blvd. 2017 D

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): F.
c. (Last): Foye

4. DATE OF DEATH (Month) (Day) (Year): Aug.15,1953

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M.
8. DATE OF BIRTH: Feb.25,1920
9. AGE (In years last birthday): 33 — IF UNDER 1 YEAR: Months 5 Days 18 — IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Freight Handler-Falstaff Brewing Corp.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country): San Francisco,California
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Joseph J.Foye
13b. MOTHER'S MAIDEN NAME: Elonore K.Barry
14. NAME OF HUSBAND OR WIFE: Mrs.Yvonne Foye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War # 2
16. SOCIAL SECURITY NO.: 559-01-9433
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs.Yvonne Foye,3808 Carondelet Blvd.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Poliomyelitis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): None

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [ ]

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): 080.3
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 12, 1953, *to* Aug. 15, 1953, *that I last saw the deceased alive on* Aug. 15, 1953, *and that death occurred at* 1.55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A.A. Hoffmann M.D.
23b. ADDRESS: 16 Hampton Village St.
23c. DATE SIGNED: 8/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Aug.18,1953
24c. NAME OF CEMETERY OR CREMATORY: Golden Gate Nat'l.Cem.
24d. LOCATION (City, town, or county) (State): San Mateo,California

DATE REC'D BY LOCAL REG.: AUG 17 1953
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
FUNERAL DIRECTOR'S SIGNATURE: Arthur J. Donnelly — ADDRESS: 10 Lindell Blvd.
S.P. (Licensed Embalmer's Statement on Reverse Side)

1 pm
Runyon door

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.....
Signature of Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis M

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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