

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

16048

**1. PLACE OF DEATH**

County St. Louis  
Township St. Louis  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
(No. St. John's Hospital)

File No. 4524  
Registered No. 4524  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1203 St. Boyle St. 18 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <u>Male</u>	<b>4. COLOR OR RACE</b> <u>White</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) <u>Single</u>	
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <u>_____</u>			
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>April 3, 1860</u>			
<b>7. AGE</b>	<b>YEARS</b> <u>71</u>	<b>MONTHS</b> <u>0</u>	<b>DAYS</b> <u>9</u>
<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <u>Priest 199</u>			
<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b> <u>Catholic</u>			
<b>10. Date deceased last worked at this occupation (month and year)</b>		<b>11. Total time (years) spent in this occupation</b> <u>48</u>	
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>St. Charles Mo</u>			
<b>FATHER</b>	<b>13. NAME</b> <u>Timothy Foley</u>		
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Cork Ireland</u>		
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> <u>Elizabeth Henderson</u>		
	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Cork Ireland</u>		
<b>17. INFORMANT (ADDRESS)</b> <u>Father, Highland 1203 St. Boyle</u>			
<b>18. BURIAL, CREMATION, OR REMOVAL PLACE</b> <u>Calvary</u> DATE <u>Apr 12, 1931</u>			
<b>19. UNDERTAKER (ADDRESS)</b> <u>Rieschhauser and Co 4104 W. Washington</u>			
<b>20. FILED</b> <u>1931</u> <u>St. Louis</u> Registrar			

**5 MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 4 - 12 - 1931

**22. I HEREBY CERTIFY**, That I attended deceased from April 16, 1929, to April 12, 1931. I last saw him alive on April 12, 1931. Death is said to have occurred on the date stated above, at 7:15 P.M.

The principal cause of death and related causes of importance were as follows:

<u>Myocarditis Chronica</u>	Date of onset <u>1920</u>
<u>Cobration Thrombosis</u>	<u>1921</u>
<u>59 Arteriosclerosis</u>	<u>1920</u>
<u>45 E</u>	
<u>45 F</u>	

Other contributory causes of importance:

<u>Diabetes Mellitus</u>	<u>1915</u>
<u>Senility</u>	<u>_____</u>

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? All tests Was there an autopsy? No

If death was due to external causes (violence), fill in also the following:

Accident, suicide or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

(Specify whether injury occurred in industry, in home, or in public place.)

Manner of injury None

Nature of injury None

**24. Was disease or injury in any way related to occupation of deceased?** No

If so, specify \_\_\_\_\_

(Signed) J. Anthony Brennan, M. D.

(Address) 4267 Manchester Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

