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

Do not use this space.

17744

1. PLACE OF DEATH

Registration District No. 791 1000

Primary Registration District No.

File No.

Registered No. 4698

St Louis (No. St Luke Hos St. Ward)

...E John J Foley

...nce, No. 5137 Waterman St., 12 Ward.

...place of abode) (If nonresident, give city or town and State)

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

...AND STATISTICAL PARTICULARS

...OLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

...R DIVORCED

...DAY, AND YEAR) May 31 1855

MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	10	

...particular ...spinner, etc. Printer

...which ...lk mill, Retired

...ed at ...and

11. Total time (years) spent in this occupation

12. St Louis

FATHER Foley

14. Ireland 15

MOTHER 15. ...y Forhan

16. B... Ireland

17. INFORM... (ADDRES... ...nkmie Waterman

18. BURIAL, C... ...N, OR REMOVAL

PLACE Calvary DATE May 14 1932

19. UNDERTAKER (ADDRESS) Harrigan & Sheahan Co 4415 Washington

20. FILED MAY 13 1932 19 ... Registrar.

6 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1932

22. I HEREBY CERTIFY, That I attended deceased from April 26th, 1932, to May 13th, 1932

I last saw him alive on May 12th, 1932. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Myocarditis. Acute

Toxaemia.

510

230

127

510

Date of onset

Other contributory causes of importance:

Carcinoma of Prostate

Phymosis c̄ Abscess.

Name of operation Cystotomy - Prostatectomy - Drainage of Abscess Date of

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. 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

Nature of injury

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

If so, specify

(Signed) N. B. Stutzman M. D., M. D.

(Address) 234 University Club St Louis — Mo.

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

(Date) (Title)

...persons to be paid from Federal funds (indicate by letter N); and, c-the persons to be paid by sponsor (indicate ...nd superintendence. Information for Col. 10 may be supplied locally or added by the District Works Progress