

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

Do not use this space.

18000

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... *A. Louis*

Registration District No. **791**  
Primary Registration District No. **1003**  
(No. *5341*, *Emerson*)

File No. ....  
Registered No. **4199**  
St. .... Ward)

**2. FULL NAME**

*Foley Sister Camilla*  
(a) Residence, No. *5341 Emerson* St. *7* Ward.  
(Usual place of abode)

(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**

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 25 - 1862*

7. AGE YEARS *70* MONTHS *4* DAYS *15* If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Board of Clergy*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *52*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

13. NAME *Mrs. Foley*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis*

15. MAIDEN NAME *Margaret Murphy*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis*

17. INFORMANT (ADDRESS) *Sister Camilla*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Catholic* DATE *May 12 1933*

19. UNDERTAKER (ADDRESS) *W. H. Brebeck*

20. FILED **MAY 11 1933** 19 *W. H. Brebeck* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 10 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 8 1931* to *May 10 1933*

I last saw him alive on *May 10 1933* Death is said to have occurred on the date stated above, at *1:55 P.M.*

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

*Cerebral Hemorrhage* Date of onset *5/8/33*  
*Arterio Sclerosis* 1930

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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 .....

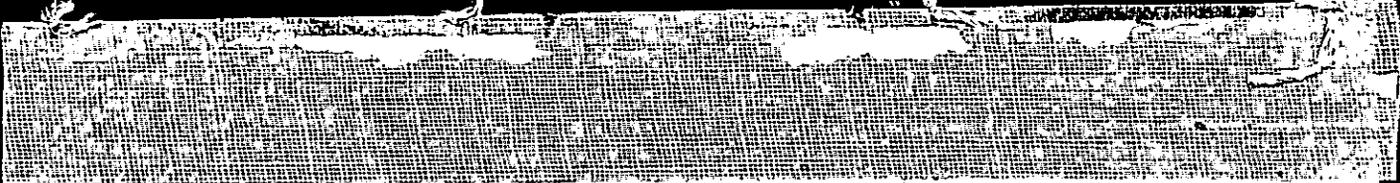
24. Was disease or injury in any way related to occupation of deceased? *No*  
If so, specify .....  
(Signed) *W. H. Brebeck* M. D.  
(Address) *New Clab City*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

V. S. No. 2

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