

APR 11 1936

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

Do not use this space.

12547

1. PLACE OF DEATH

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

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

File No.....
Registered No. **2577**
St. Ward)

2. FULL NAME Leroy M. Foley

(a) Residence, No. 4754 Idaho St. 15 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Foley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9th, 1877

7. AGE YEARS 58 MONTHS 59 DAYS 1 If LESS than 1 day, hrs. or min. 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R. R. Engineer

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.....

12. BIRTHPLACE (CITY OR TOWN) Cobden (STATE OR COUNTRY) Ill.

13. NAME Virgel M. Foley

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

15. MAIDEN NAME Emilie Anderson

16. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Elizabeth Foley 4754 Idaho Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE March 9 19. 36

19. UNDERTAKER (ADDRESS) H. M. Schumacher 3013 Meramec St.

20. FILED 7 1936 J. T. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 19 36

22. I HEREBY CERTIFY, That I attended deceased from February 28, 1936 to March 6, 1936
I last saw him alive on March 6, 1936. Death is said to have occurred on the date stated above, at 2:00 a.m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 3/1/36
La Grippe 2/28/36
Other contributory causes of importance: 11/0

Name of operation..... Date of.....
What test confirmed diagnosis Truag. Lab. 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?.....
If so, specify.....
(Signed) W. H. Walters M.D.
(Address) 3608 So. Grand Blvd.

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.

