

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

Do not use this space.

32693

1. PLACE OF DEATH

County.....
 Township *St Louis* Registration District No. *791*
 City *St Louis* (No. *Almon 1700*) *Boyer* Primary Registration District No. *103*
 Registered No. *8747* St. Ward

2. FULL NAME

Thomas Foley
 (a) Residence, No. *3933 S. Broadway* St. *24* 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? *52* yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Unknown*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72

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

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

10. Date deceased last worked at this occupation (month and year) **Unknown** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Charlestown, Co. Mayo Ireland**

13. NAME **John Foley**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Charlestown, Co. Mayo Ireland**

15. MAIDEN NAME **Mary O'Boyle**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Charlestown, Co. Mayo Ireland**

17. INFORMANT (ADDRESS) **Brother Charles (Alexian Bro) 3933 S. Broadway**

18. BURIAL, CREMATION OR REMOVED PLACE DATE **St Peter's Paul Sep 20 1937**

19. UNDERTAKER (ADDRESS) **George C. Heisk 2707 So Grand Blvd**

20. FILED **SEP 19 1937** Registrar **Bebeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-17 1937*

22. I HEREBY CERTIFY, That I attended deceased from *July 1, 1927 to Sept 17 1937*

I last saw him alive on *9-13 1937* Death is said to have occurred on the date stated above, at *10 A.m.*

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

Chronic myocarditis Date of onset

Other contributory causes of importance:

*arteriosclerosis
senile dementia*

Name of operation Date of

What test confirmed diagnosis? 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) *Edward Lassus, M. D.*

(Address) *505 Humboldt Bldg*

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.

167

I George C. Spicer Licensed Embalmer No 2268
hereby certify that the body of recorded on the reverse side
of this certificate was embalmed by me

George C. Spicer
Licensed Emb. 2268