

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH: ICU 3 2
 (a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 208 So. Broadway
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County 1
 (c) City or town St. Louis 11
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4010^a Lexington Ave.
 (If rural, give location)
 (e) No Physician in Attendance
 If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Joseph B. Foley 40-0
 3. (b) If veteran, name war _____ 3. (c) Social Security No. 702-14-17

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 18
16 year 1939 hour 1 minute 45 P.M.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife Florence 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 1, 1886
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 8 Days 17 If less than one day _____ hr. _____ min.

Immediate cause of death Acute Stenosis, with concentric Cardiac Hypertrophy
 Due to Coronary Arteriosclerosis
 Due to Intermittent Nephritis

9. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

Other conditions _____
 (Include pregnancy within 3 months of death)

10. Usual occupation Clerk
Mo. Pacific R.R.

Major findings: 131
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name John Foley
 18. Birthplace St. Louis Mo.
 14. Maiden name Elizabeth Hanser
 15. Birthplace Ill.
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place) _____
 Means of injury _____

16. (a) Informant's own signature Charles J. Foley
 (b) Address 4010^a Lexington Ave.
 17. (a) Burial (b) Date thereof 11-21-1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary
 18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 3840 Lindell Blvd.
 19. NOV 20 1939 (b) J. B. ...
 (Date received local registrar) (Registrar's signature)

28. Signature Joseph ... (M. D. or other)
 Address Deputy ... Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

W Van Matre

Licensed Embalmer No.....

2825

P. O. Address.....

4340 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.