

2  
40  
39  
23159

Registration District No. **791**

Primary Registration District No. **1003**

**RECEIVED-OCT 25 1940**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**4624 Arsenal St.**  
(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)

3. (a) PRINT FULL NAME **Thomas J. Foley**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Maude** 6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **March 19 1883**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**57 5 19** ..hr. ....min.

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

10. Usual occupation **Jail Guard**

11. Industry or business **City of St. Louis**

12. Name **John Foley**

13. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ellen Farrell**

15. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John W. Foley**

(b) Address **4624 Arsenal St.**

17. (a) **Burial** (b) Date thereof **9-11-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **SEP 9 1940** (b) **J. J. Dredick**  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
(c) City or town **St. Louis** **16**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4624 Arsenal St.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? ..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **8**  
year **1940** hour **11<sup>00</sup> AM** minute **15** A. M.

21. I hereby certify that I attended the deceased from....., 19....., to **Sept 8**, 19**40**  
that I last saw him alive on **September 8**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Acute intra-abdominal hemorrhage of carcinomatous tissue**  
Due to **Carcinoma of rectum**

Due to.....  
Other conditions (include pregnancy within 3 months of death)  
**46**

Major findings: **operated at St. Johns 3 yrs ago**  
**artificial anus made in U.S.A.**  
Of autopsy **none**

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) (e) Means of injury.....  
23. Signature **J. J. Dredick** (M. D. or other)  
Address **6203<sup>1/2</sup> Natural Bridge** Date signed **9-9-40**

Duration

**2 days**  
**3 year**

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....

*J. G. Stewart*

Licensed Embalmer No. 1122

P. O. Address.....

**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, fact should be so stated above.**