

Registration District No. **791** Primary Registration District No. **1003**

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:  
4717 a Natural Bridge Ave  
(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** Ellen Foley  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security No.** None

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

**6. (b) Name of husband or wife** Daniel Foley Deceased **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased.** Nov 12 1871  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>10</u>	<u>0</u>	hr. _____ min. _____

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

**10. Usual occupation** At Home

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**  
**12. Name** James McCarthy  
**13. Birthplace** Ireland  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Bridget Carroll  
**15. Birthplace** Ireland  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs Wm Pearson  
**(b) Address** 4654 Natural Bridge Ave

**17. (a) Burial** Calvary Cemetery **(b) Date thereof** 9/16/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Stroot - Carroll

**18. (a) Signature of funeral director** Stroot - Carroll  
**(b) Address** 4600 Natural Bridge Ave

**19. (a) SEP 13 1940** **(b) [Signature]**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis bridge Ave  
(If outside city or town limits write "RURAL")  
0 **4717 a Natural Bridge Ave**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Sept day 12  
year 1940 hour 1 minute 45p M.

**21. I hereby certify that I attended the deceased from** Jan 31  
1940 to Sept 12, 1940  
that I last saw her alive on Sept 12, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cerebral Hemorrhage 3 day  
Due to \_\_\_\_\_  
Arterio sclerosis 2 years  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) gpa

**PHYSICIAN**  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**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** John W. Macdonald (M. D. or other) MD  
**Address** 539 N. Grand **Date signed** 9-13-40

**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.....

Licensed Embalmer No. 2265

P. O. Address 46<sup>th</sup> St Bridge

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

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