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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33802

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 8499

NOV 16 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: 4409 Castleman Ave. 2
(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

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4409 Castleman Ave. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Sarah M. Foley

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late John Foley

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 24th (Day) 1854 (Year)

8. AGE: Years 86 | Months 4 | Days 19 | If less than one day hr. min.

9. Birthplace Springfield (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housewife 1

11. Industry or business 1

MOTHER FATHER

12. Name Henry Matlock

13. Birthplace North Carolina (City, town, or county) (State or foreign country)

14. Maiden name Jennie Cox

15. Birthplace North Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Lancken

(b) Address 4409 Castleman Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-15-40 (Month) (Day) (Year)

(c) Place: burial or cremation Springfield Mo.

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) OCT 14 1940 (Date received by Registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13th year 1940 hour 3:15 minute P.M.

21. I hereby certify that I attended the deceased from October 11, 1940, to October 13, 1940 that I last saw her alive on October 13, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	Years 10 Years
Due to	
Due to	
Other conditions Diabetes (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature O. D. Major (M. D. or other)

Address 5526 S. Kingshighway Date signed

(Licensed Embalmer's Statement on Reverse Side)

5526 Do Kingshighway
10:30 - 3 PM

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 Reinhold F. Lohman

Licensed Embalmer No. 3395

P. O. Address.....

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, fact should be so stated above.