

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34218**

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. **8915**

1. PLACE OF DEATH:

(a) City or town **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **De Paul Hospital**
(d) Length of stay: In hospital or institution **1 Year**
In this community **1** years, months or days

8. (a) PRINT FULL NAME **Sister Gertrude Foley**

8. (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 **Single**

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **None** years

7. Birth date of deceased **March-9-1879**
(Month) (Day) (Year)

8. AGE: Years **61** Months **7** Days **20** If less than one day hr. min.

9. Birthplace **Boston, Mass.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Religious**

11. Industry or business **Sisters of Charity**

12. Name **John Foley**

13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Hartnett**

15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sister Isabella**

(b) Address **Marillac Seminary**

17. (a) **Marillac Cem.** (b) Date thereof **10 31 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Cullen & Kelly**

(b) Address **7267 Natural Bridge**

19. (a) **OCT 30 1940** (b) **J. J. Beale**
(Date received locally) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Normandy**
(d) Street No. **Marillac Seminary**
(e) If foreign born, how long in U. S. A. **NR** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **29**
year **1940** hour **3** minute **30** A. M.

21. I hereby certify that I attended the deceased from **1940** to **Oct 29** 1940;

that I last saw her alive on **Oct 28, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of lung**

Due to **Carcinoma of lung**

Due to **HI**

Other conditions **HI**
(Include pregnancy within 3 months of death)

Major findings: Of operations **HI**

Of autopsy **HI**

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 **Alphonse M. Mendenhall** (M. D. or other)

Address **Marillac Seminary** Date signed **10/29/40**

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

Element M. McQuay

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.