. S. No. 2
M—9-4-41
ev. 5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12601

State File No. 3595

FILED MAY 7 1942

Registration District No. 1003 Primary Registration District No. Registrar's No.

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: Mo. Baptist Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0 00
(c) City or town St. Louis 10 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4320a Lexington Ave. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Clarence J. Foley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife Viola Foley

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased March 4th. 1898 (Month) (Day) (Year)

8. AGE: Years 44 Months 1 Days 17 If less than one day hr. min.

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

10. Usual occupation Foreman

11. Industry or business L & N.R.R.

FATHER
12. Name John Foley
13. Birthplace St. Louis (City, town, or county) 0 Mo. (State or foreign country)

MOTHER
14. Maiden name Nellie Follis
15. Birthplace St. Louis (City, town, or county) 0 Mo. (State or foreign country)

16. (a) Informant Miss Virginia Foley
(b) Address 4320a Lexington Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) APR 26 1942 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st. year 1942 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from April 20, 1942 to April 21, 1942 that I last saw him alive on April 21, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death general peritonitis	2days
Due to perforated peptic ulcer, duodenal	3days
Due to	
Other conditions (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 [illegible] (M. D. or others)
Address [illegible] Date signed 4/22/42

(Licensed Embalmer's Statement on Reverse Side)

Metro.Blg.

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.H. 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, fact should be so stated above.