V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38715

FILED JAN -5 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10848

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: 1060 Bittner 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 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 8

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1060 Bittner St.,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Edward Joseph Foley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased April (Month) 19th (Day) 1871 (Year)

8. AGE: Years 71 Months 8 Days 7 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name James Foley
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Margaret Ryan
15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

16. (a) Informant John Joseph Remstedt
(b) Address 1060 Bittner St.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 29 (Day) 1942 (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Diedrich Funeral Home
(b) Address 8319 Hallsferry Rd.,

19. (a) DEC 28 1942 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26
year 1942 hour 3 PM minute M.

21. I hereby certify that I attended the deceased from Dec 26, 1942 to Dec 26, 1942
that I last saw him alive on Dec 26, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 day
Due to Arteriosclerosis	1-5-42
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 other) M.D.
Address [illegible] Date signed 12-28-42

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G Burnley

Licensed Embalmer No. 4202

P. O. Address St Louis Mo

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.