

FILED MAY 3 1943
Registration District No. 18

Primary Registration District No. 100

Registrar's No. 3827

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:
1212 Chambers 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..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1212 Chambers St.**
(If rural, give location)
(e) Citizen of foreign country?..... **No.** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Thomas X. Foley**

3. (b) If veteran, name war..... **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife..... **Cleste** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased..... **Oct. 17, 1878**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 6 7 hr. min.

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

10. Usual occupation..... **Secretary**

11. Industry or business..... **Calvary Cemetery Ass'n.**

MOTHER FATHER
12. Name..... **Thomas J. Foley**
13. Birthplace..... **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Margaret Noonan**
15. Birthplace..... **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Cleste Foley**
(b) Address..... **12121 Chambers St.**

17. (a) **Burial** (b) Date thereof..... **4/27/43.**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **Calvary Cemetery**

18. (a) Signature of funeral director..... **Chas. J. Kron Funeral Home**
(b) Address..... **4911 Washington Blvd.**

19. (a) **APR 27 1943** (b) **J. F. [Signature]**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **24**
year **1943** hour **6** minute **A.** M.

21. I hereby certify that I attended the deceased from **April 15**, 19**43**, to **April 23**, 19**43**
that I last saw him alive on **April 21**, 19**43**,
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Chronic Myocarditis**
Duration **not known**

Due to.....
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?

Home (Specify type of place)
While at work?..... (e) Means of injury.....
23. Signature..... **George D. Miller** (M. D. or other)
Address..... **2504 N. 14.** Date signed..... **April 29 1943**

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.....

Thomas R. Fenwick

Licensed Embalmer No.....

3793

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.