

S. No. 2
M-5-43
5-17-39
I X36672

FILED JAN 21 1946

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 55

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:
City Isolation Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9/6/45 to 1/1/46
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN FOY

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 2/ 5. Color or race Col.

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

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

7. Birth date of deceased July 14 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

45 5 17 hr. min.

9. Birthplace Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business.....

MOTHER FATHER

12. Name John Foy

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

14. Maiden name Clementine Chapman

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

16. (a) Informant City Infirmary Records

(b) Address 5800 Arsenal St.

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

(c) Place: burial or cremation St. Louis Ill

18. (a) Signature of funeral director J. F. Bredeck

(b) Address 3517 So. Olive Ave

19. (a) JAN 1 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 21/17

(d) Street No. 3416 Pine St.
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1 year 1946 hour 3 minute 10 PM.

21. I hereby certify that I attended the deceased from October 18, 1945, to January 1, 1946;

that I last saw him alive on January 1, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to Syphilitic aortitis and syphilitic heart disease

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations..... 30

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?.....

While at work? (Specify type of place) (e) Means of injury.....

23. Signature John E. Allen (M. D. or other) MD

Address 5800 Arsenal Date signed 1/1/46

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.....

Melvin Edward Green, Registered Apprentice No. *383*
working under my personal supervision.

Signed.....

M. E. Green

Licensed Embalmer No. *1173*

P. O. Address *3517 Sackville*

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.