

FILED APR 2 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10892**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063** Registrar's No. **610**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. CITY (If outside corporate limits, write RURAL and give township) Pine Lawn	
c. LENGTH OF STAY (In this place) 6 hrs.		d. STREET ADDRESS (If rural, give location) 6995 Woodrow	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) Helen	b. (Middle)	c. (Last) Foley	4. DATE OF DEATH (Month) (Day) (Year) 3 13 49
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S U	8. DATE OF BIRTH Dec. 1, 1918	9. AGE (In years last birthday) 30	IF UNDER 1 YEAR Months	IF UNDER 2 YEARS Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marker	10b. KIND OF BUSINESS OR INDUSTRY cleaning co	11. BIRTHPLACE (State or foreign country) Waldston, Md	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Foley	13b. MOTHER'S MAIDEN NAME Della McHugh	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 488-01-560	17. INFORMANT'S SIGNATURE OR NAME Records - Clayton	ADDRESS St. Louis County Hosp
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral laceration		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) E 90 3/6 DUE TO (c) 44 18 5		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. laceration of scalp			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Tavern	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Richmond Heights St. Louis 129 MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-13-49 1:45 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell down stairs
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22. I hereby certify that I attended the deceased from **3-13-1949**, to **3-13-1949**, that I last saw the deceased alive on **3-13-1949**, and that death occurred at **8:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph A. Delane M.D.	23b. ADDRESS St. Louis Co Hospital	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3-17-49	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) St. Louis MO
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DATE REC'D BY LOCAL REG. 3-14-49	REGISTRAR'S SIGNATURE Thund...	25. FUNERAL DIRECTOR'S SIGNATURE John Clark	ADDRESS 1125 Hodan...
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(Licensed Embalmer's Statement on Reverse Side)

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

10.300
10.48
116
32

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Elmo R Cadwell

Licensed Embalmer No. *4077*

P. O. Address.....

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.