

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37184

State File No.

FILED OCT 23 1953

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. 9780

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9780	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				e. STREET ADDRESS (If rural, give location) 14 6427 Oleatha Ave. 2149/0			
3. NAME OF DECEASED (Type or Print) FLORENCE		a. (First) P.		b. (Middle) FOLEY		c. (Last) FOLEY	
4. DATE OF DEATH Oct. 12 1953		d. DATE (Month) (Day) (Year)		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2 Widowed		8. DATE OF BIRTH June 8, 1896		9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Biller-Flynn Forwarding Co.		10b. KIND OF BUSINESS OR INDUSTRY Forwarding Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Herman C. Paessler		13b. MOTHER'S MAIDEN NAME Ernestine Gaphart		14. NAME OF HUSBAND OR WIFE Late Edward A. Foley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Patricia Keaton 6427 Oleatha Ave.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DIABETES MELLITUS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DIABETIC ACIDOSIS DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Auricular Fibrillation due TO THYROTOXIC HEART DISEASE				INTERVAL BETWEEN ONSET AND DEATH 2 yrs 2 DAYS 2 yrs.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 260X					
22. I hereby certify that I attended the deceased from MAY 4, 1952, to OCT. 12, 1953, that I last saw the deceased alive on Oct. 12, 1953, and that death occurred at 5:20 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Robert E. Koch (Degree or title) M.D.				23b. ADDRESS 35 N. CENTRAL, CLAYTON, MO.		23c. DATE SIGNED 10/13/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 15, 1953		24c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. OCT 13 1953		REGISTRAR'S SIGNATURE J. Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.			

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

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.....
Signature of Student Embalmer

Signed *William S. White*.....

Licensed Embalmer No. *4291*.....

P. O. Address *4228 Kings*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.