

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10720**

FILED APR 10 1956

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **3124**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place)		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 <b>Mo. Baptist Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>20 2344a Benton St. 22070</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELLA</b>		b. (Middle) <b>G.</b>	
c. (Last) <b>FOY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 27 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 24, 1884</b>
9. AGE (In years last birthday) <b>71</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe Worker—Samuel</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Co.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Joseph Russell</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Gaffney</b>	
14. NAME OF HUSBAND OR WIFE <b>Frank Foy</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Loretta O'Connor</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PULMONARY EMBOLISM, MULTIPLE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>INDET</b>	
ANTECEDENT CAUSES <b>ARTERIOSCLEROTIC HEART DISEASE</b>		DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>14 MARCH 56</b>		19b. MAJOR FINDINGS OF OPERATION <b>MARKED HEPATO SPLENOMEGALY 420.0</b>	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>10 FEB 1956</b> to <b>27 MARCH 1956</b> , that I last saw the deceased alive on <b>27 FEB 1956</b> , and that death occurred at <b>6:20 A</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>Robert A. Mayer MD</b> (Degree or title)		23b. ADDRESS <b>539 N. GARNU ST. LOUIS 314</b>	
23c. DATE SIGNED <b>2/28/56</b>		24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Mar. 29, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Galvary Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>	
DATE REC'D BY LOCAL REG. <b>MAR 28 1956</b>		ADDRESS <b>4228 S. Kingshighway Bl.</b>	

(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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *William B. White*

Licensed Embalmer No. *4228*

P. O. Address *4228*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.