S. No. 300
EV. 10.48

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

FILED MAR 29 1957

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

State File No. 10254
Registrar's No. 2174

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

**1. PLACE OF DEATH**
a. COUNTY: ~~ST LOUIS~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MISSOURI PACIFIC HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN: AFFTON 4000
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 8305 McKENZIE ROAD

**3. NAME OF DECEASED** (Type or Print)
a. (First): WILLIAM
b. (Middle):
c. (Last): FOLEY

**4. DATE OF DEATH** (Month) (Day) (Year): MARCH 2 1957

**5. SEX**: M O
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): WIDOWED
**8. DATE OF BIRTH**: JAN. 26, 1884
**9. AGE** (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): PENSR. SWITCHMAN
**10b. KIND OF BUSINESS OR INDUSTRY**: MISSOURI PACIFIC
**11. BIRTHPLACE** (City and State or Foreign Country): ST. LOUIS, MO.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: UNKNOWN FOLEY
**13b. MOTHER'S MAIDEN NAME**: UNKNOWN
**14. NAME OF HUSBAND OR WIFE**: LATE ELSIE V. FOLEY

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO — (If yes, give war or dates of service): NONE
**16. SOCIAL SECURITY NO.**: ——
**17. INFORMANT'S SIGNATURE OR NAME**: CHARLES W. FOLEY — ADDRESS: 4712 WEBER RD.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Metastasis to Liver & brain

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: 162x
**20. AUTOPSY?** YES ☑ 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) m.:
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* FEB. 24, 1957, *to* MARCH 1, 1957, *that I last saw the deceased alive on* MARCH 1, 1957, *and that death occurred at* 1:30 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Charles Knowles MD
**23b. ADDRESS**: 1755 S. Grand
**23c. DATE SIGNED**: 3/2/57

**24a. BURIAL, CREMATION, REMOVAL** (Specify): REMOVAL
**24b. DATE**: MAR 5, 1957
**24c. NAME OF CEMETERY OR CREMATORY**: SUNSET BURIAL PARK
**24d. LOCATION** (City, town, or county) (State): ST. LOUIS CO. MO.

**DATE REC'D BY LOCAL REG.**: MAR 4 '57
**REGISTRAR'S SIGNATURE**: Earl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE** (Licensed Embalmer's Statement on Reverse Side): KRIEGSHAUSER
**ADDRESS**: 4228 S. KINGSHIGHWAY

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William B. White

Licensed Embalmer No. 4291

P. O. Address 422 [illegible]

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