MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24011

File No.
Registered No.

1. PLACE OF DEATH
County: St Louis — Registration District No. 790
Township: Central — Primary Registration District No. 6033
City: Clayton (No. 110 Arundel Place St. Ward)

2. FULL NAME: Mary O'Malley
(a) Residence, No. 110 Arundel Pl St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 22 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Michael O'Malley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown 1861

7. AGE: Years 71 — Months — — Days — — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis

FATHER
13. NAME: John McCartney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " " "

17. INFORMANT (ADDRESS): Mrs Mary L Bond, 110 Arundel Place

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: July 12, 1932

19. UNDERTAKER (ADDRESS): Arthur J. Donnelly and Co, 2039 Ferd Av

20. FILED: July 11, 1932 R. W. Sullivan, Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from October, 1926, to July 11, 1932
I last saw him alive on July 6, 1932. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	July 11, 1932
946	
97	
102	

Other contributory causes of importance:
Hypertension
General arteria sclerosis

Name of operation: Date of:
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.
(Signed) Hiram T. Leggett, M. D.
(Address) 3720 Washington Blvd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

U. S. No. 2

Dr Elsworth Smith