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.

JUL 27 1935

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

Do not use this space.

20946

1. PLACE OF DEATH
County St Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 6033 — Registered No. 167
City (No. 7626 Nat. Bridge St. Ward)

2. FULL NAME Delia O'Malley
(a) Residence, No. 7626 Natural Bridge Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James T. O'Malley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17-1865

7. AGE YEARS 70 MONTHS 2 DAYS 13 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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) Mo.

FATHER
13. NAME Patrick O'Malley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Bridget Morrison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Miss Nell Staed 5900 McPherson Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE July 2 1935

19. UNDERTAKER (ADDRESS) Muller Und Co 5165 Delmar Blvd.

20. FILED 7-1- 1935 H A Boehmer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-26, 1921, to 6-30, 1935
I last saw her alive on 6-30, 1935 Death is said to have occurred on the date stated above, at 7 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Thrombosis | 3 hrs. |
| Other contributory causes of importance: | |
| Arteriosclerosis | 20 yrs |
| Chr. Nephritis | " |

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Name of operation none Date of ok
What test confirmed diagnosis? physical 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?
If so, specify none
(Signed) Leo H Kleinberfuss, M. D.
(Address) 7301a Natural Bridge

Dr. Klinkerman
7301 Nat [illegible]
[illegible]
8-10 A
[illegible]