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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 15 1940 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13456
Registrar's No. 3658

Registration District No. _____ Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8-Days
(Specify whether years, months or days)
In this community 40 Years

3. (a) PRINT FULL NAME Margaret O'Malley 511D

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife Patrick J. O'Malley 6. (c) Age of husband or wife if alive 1880 years

7. Birth date of deceased Unk. Unk. 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months Unk. Days Unk. If less than one day hr. _____ min. _____

9. Birthplace Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Patrick Purcell

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Leahy

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant John J. Purcell

(b) Address 1324 Graham Ave.

17. (a) Burial (b) Date thereof 4-25-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) APR 23 1940
(Date received local health official)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1324 Graham Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 40 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1940 hour 5 minute 30 a. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Fractured right femur, suffered when deceased fell to floor in home at 1324 Graham Ave., April 13 1940 about 6:30 pm.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence April 13 1940

(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work _____ (Specify type of plant or activity of injury)

23. Signature Arthur J. Donnelly (M. D. or other)

Address 3840 Lindell Blvd. Date signed 4-23-40

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed... *W. H. Van Matre*
Licensed Embalmer No. *2825*
P. O. Address... *4340 Lafayette*

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 this body is not embalmed, above space should be left blank.