

BUREAU OF THE CENSUS
FILED NOV 24 1941

Registrar's No. 8227

Registration District No. 791

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:
6142 Kingsbury Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

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. 6142 Kingsbury Blvd.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15th.
year 1941 hour 1 minute 50 P. A. M.
21. I hereby certify that I attended the deceased from
Jan 1941 to Oct 15 1941;
that I last saw him alive on Oct 10 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Excessives of supra renal glands
Due to Grand neoplasm of
Spleen Liver - Pancreas
Due to Spinal & Skull

Duration

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

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury

23. Signature Arthur J. Donnelly (M. D. or other) MD
Address 634 W. 2nd Date signed 10-16-41

3. (a) PRINT FULL NAME Judge Frank C. O'Malley.

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

6. (b) Name of husband or wife Mrs. Marie M. O'Malley. 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July 29, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 2 16 hr. min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Judge.

11. Industry or business.....

MOTHER FATHER { 12. Name Patrick O'Malley.
13. Birthplace Ireland. (City, town, or county) (State or foreign country)
14. Maiden name Margaret Riley.
15. Birthplace Ireland. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Marie M. O'Malley.

(b) Address 6142 Kingsbury Blvd.

17. (a) Burial. (b) Date thereof 10-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

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

(b) Address 3840 Lindell Blvd

19. (a) OCT 16 1941 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2-5
The State Body

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, fact should be so stated above.