S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11031

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 3819

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: 6020 WATERMAN AVE
(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 000 125
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6020 WATERMAN AVE
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BRIDGET MARY O'MALLEY
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife JOHN O'MALLEY
6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPT. (Month) 1st (Day) 1866 (Year)

8. AGE: Years 78 | Months 7 | Days 27 | If less than one day hr. min.

9. Birthplace Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business
FATHER
12. Name JOHN T. HESTER
13. Birthplace IRELAND (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name ELIZABETH MAHER
15. Birthplace IRELAND (City, town, or county) 4 (State or foreign country)
16. (a) Informant Thomas P. O'Malley
(b) Address 6020 Waterman Ave.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 1-1945 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.
18. (a) Signature of funeral director L. Mullen Mud Co.
(b) Address 5165 Delmar Bl.
19. (a) APR 30 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 28th year 1945 hour 10 minute 15 A.M.
21. I hereby certify that I attended the deceased from March 1st 1943, to April 28, 1945; that I last saw her alive on April 27, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	2 days
Due to	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature G. A. Munsch (M.D. or other)
Address 539 N Grand Date signed 4/30/45

(Licensed Embalmer's Statement on Reverse Side)

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 H. G. Farris

Licensed Embalmer No. 3384

P. O. Address St Louis

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.