

No. 2
DM-5-43
v. 5-17-39
X 36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35699**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10224**

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: **3400 So. Grand.**
Little Sisters of the Poor
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. **5yrs**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **CATHERINE 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 **Single**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Feb. 4 1875**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	9	20hr.min.

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

10. Usual occupation **At Home**

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 **Mary Brady**

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

16. (a) Informant **Catherine Gruenkemeyer**
 (b) Address **4953 Holly Hills**

17. (a) **Burial** (b) Date thereof **11/27/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (e) Signature of funeral director **Gebken-Benz Mortuary**
 (b) Address **2842 Meramec St.**

19. (a) **Nov 26 1945** (b) **J. J. Bredieck**
(Date received local transfer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County..... **000**

(c) City or town **St. Louis,**
(If outside city or town limits, write "RURAL") **1617**

(d) Street No. **3400 So. Grand Blvd.**
(If rural, give location) **9**

(e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **24th**
 year **1945** hour **3** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Nov 20** to **Nov 24**, 19**45**
 that I last saw him alive on **Nov 20**, 19**45**
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Myocardial infarction
degenerative
hypoplastic anemia 2 1/2 yr.

Due to **Myocardial infarction**
degenerative
hypoplastic anemia 2 1/2 yr.

Other conditions (Include pregnancy within 3 months of death) **None**

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) Means of injury.....

23. Signature **J. J. Bredieck** M.D. or other.....
 Address **607 N. Grand** Date signed **11/26/45**

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. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland, Mo.

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.