

FILED MAR 27 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011262

STATE FILE NUMBER

2 2611

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

300
1-57

8
391
c

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Missouri Pacific Hos.		d. STREET ADDRESS (If outside, give location) 2655a St. Vincent	
3. NAME OF DECEASED (Type or print) First Middle Last Patrick Eugene O'Malley		4. DATE OF DEATH Month Day Year Mar 12, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 5 1911
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman		10b. KIND OF BUSINESS OR INDUSTRY Terminal Railroad	11. BIRTHPLACE (City and state or country) Waynesburg Ky
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Clay O'Malley	
13b. MOTHER'S MAIDEN NAME Virginia Scott		14. NAME OF HUSBAND OR WIFE Blanche Poe O'Malley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Address Blanche O'Malley 2655a St. Vincent			
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>External Hemorrhage from traumatic amputation of both legs.</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>suffered when struck and</i>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (If not noted in PART I or PART II) <i>in vicinity of 9th and Maple streets about 11:10 p.m., March 11, 1959.</i>	
20c. TIME OF INJURY Hour Month, Day, Year 1110 p.m. 3 12 59 12th, 1959.		20d. PLACE OF INJURY (e.g., in or about home, street, office bldg., etc.) <i>23 R. C. Clark</i>	
20e. CITY, TOWN, OR LOCATION St. Louis Mo		20f. COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>12 MIDNITE</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree of title) <i>Joseph M. Schnur</i>		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>3/14/59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Mar 16, 59	23c. NAME OF CEMETERY OR CREMATORY New St. Marcus	23d. LOCATION (City, town, or county) (State) St. Louis Cty Mo.
24. FUNERAL DIRECTOR ADDRESS E. J. Schnur 3125 Lafayette		25. DATE RECD. BY LOCAL REG. MAR 14 '59	26. REGISTRAR'S SIGNATURE <i>Neal Smith, M.D.</i>

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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Thomas R. Penwick*

Licensed Embalmer No. *3793*

P. O. Address *3125 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.