

FEDERAL BUREAU OF INVESTIGATION
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. JAN 22 1960

211947 - 59-047023

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____ STATE OF MISSOURI

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 915 N GRAND ST LOUIS MO	Length of stay in 1b 3 DAYS	c. CITY OR TOWN ST LOUIS	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3541 PARK
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last HARRY S O'MALLEY	4. DATE OF DEATH Month Day Year DECEMBER 23 1959
--	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/20/98	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
-------------	------------------------	--	---------------------------	---------------------------	--------------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) WATCHMAN-ST. LOUIS UNIVERSITY	10b. KIND OF BUSINESS OR INDUSTRY UNIVERSITY	11. BIRTHPLACE (City and state or country) ST LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY USA
--	--	---	---------------------------------

13a. FATHER'S NAME MICHAEL O'MALLEY	13b. MOTHER'S MAIDEN NAME NANNY HUTTON	14. NAME OF HUSBAND OR WIFE LATE CECELIA O'MALLEY
-------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I	16. SOCIAL SECURITY NO. 487-22-8041	17. INFORMANT VA HOSP RECORDS 915 N GRAND ST LOUIS MO
---	-------------------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH MONTHS
IMMEDIATE CAUSE (a) RESPIRATORY INSUFFICIENCY		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) OBSTRUCTIVE EMPHYSEMA - ADVANCED	10 YEARS
	DUE TO (c) CHRONIC BRONCHITIS	502.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
--	---	--

20c. TIME OF INJURY	Hour Month, Day, Year
---------------------	-----------------------

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
--	--	---

21. // VA attended the deceased, from 12/20/59 to 12/23/59 and last saw him alive on 12/23/59
 Death occurred at 6:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE JOHN L. CARY, M.D.	22b. ADDRESS VAH, ST LOUIS, MISSOURI	22c. DATE SIGNED 12/24/59
-----------------------------------	--------------------------------------	---------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 26, 1959	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
--	-------------------------	---	--

24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway	25. DATE RECD. BY LOCAL REG. DEC 24 1959	26. REGISTRAR'S SIGNATURE Carl Smith, M.D.
--	--	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. W. Stovesund

Licensed Embalmer No. 4007

P. O. Address _____

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.