

MAR 5 - 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County
Township
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. City Hospital # 1)

File No. 8578
Registered No. 2033
St. Ward)

2. FULL NAME Edward J. O'Malley

(a) Residence, No. 110-a W. Nagel St. 1 Ward. 1
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 8, 1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
37 6 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Southern Com. Bank
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

13. NAME John J. O'Malley

14. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Catherine Cavanaugh

16. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

17. INFORMANT John P. O'Malley
(ADDRESS) 110-a W. Nagel, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn Cem. DATE Feb. 19, 1937

19. UNDERTAKER C. Hoffmeister Und. & L. Co.
(ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILED FEB 17 1937, J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-1-1937, to 2-16-1937,
I last saw him alive on 2-16-1937. Death is said

to have occurred on the date stated above, at 118 m.
The principal cause of death and related causes of importance were as follows:

Choking by vesicular
rital respiration
Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Chinid Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) C. Hoffmeister, M. D.
(Address) 315 So. Grand

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

977

Practice

3115 J. Grand.

La. 1860
