CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state ... supplied. Exact statement of OCCUPATION is very important.

REC'D OCT 12 1938

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

791

30665
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 8102
(c) City St. Louis, Mo. (d) Street No. ..... St. John's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 46 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John (Red) O'Malley 540
(a) Residence, No. 4554 Page, Ave. St. 12
(Usual place of abode, if no street address, write county or city) (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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lucille O'Malley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 4/1892
7. AGE: YEARS 45 | MONTHS 10 | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Aug. 1938
11. Total time (years) spent in this occupation 20yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri 0

FATHER
13. NAME: Captain Micheal O'Malley 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Ireland 0

MOTHER
15. MAIDEN NAME: Nanny Hatton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

17. INFORMANT (ADDRESS): Mrs. Lucille O'Malley 4554 Page, Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Sept. 14/1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Albert H. Hoppe, Inc. 429 N. Euclid Ave.
20. FILED SEP 13 1938 J. F. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11/ 1938.
22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1934, to Sept 11, 1938
I last saw him alive on Sept 11, 1938. Death is said to have occurred on the date stated above, at 6:53 A.m.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Date of onset
Other contributory causes of importance:
Peptic Ulcer
See Anemia
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....
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? .....
If so, specify .....
(Signed) Carl J. Rey, M. D.
(Address) 3604 Washington

(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 [signature]

Licensed Embalmer No. 1861

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.