

No. 2  
1-10-39  
-17-39  
X21492

Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME Catherine O'Malley 540

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John O'Malley  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 9 1859  
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day  
80 9 4 hr. \_\_\_\_\_ min.

9. Birthplace Chicago Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home 5

11. Industry or business 5

12. Name Jamesx Morley 5

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

14. Maiden name Margaret Kelly

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

16. (a) Informant Mrs. Julia Arnold

(b) Address 4037 N. Taylor

17. (a) Burial (b) Date thereat 5-15-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) MAY 14 1940 (b) J. P. ...  
(Date received) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 10  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4037 N. Taylor Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13  
year 1940 hour 1 minute 55 a.m.

21. I hereby certify that I attended the deceased from Aug. 13 1937 to May 13 1940  
that I last saw him ev alive on May 12 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Duration -?

Due to ABC

Due to \_\_\_\_\_

Other conditions acute catarrhal jaundice  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)  
(c) Means of injury \_\_\_\_\_

23. Signature John G. McSwain M. D. or other MD  
Address 2014 Thekla Av Date signed 5/13/40

PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 Fred Frick  
Licensed Embalmer No. 3186  
P. O. Address St. Louis, 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, above space should be left blank.**