S. No. 2
DM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 4611

Registrar's No. 1184

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: Homer Phillips Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 hour (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DEECEASED:

(a) State: Missouri (b) County: 17

(c) City or town: St Louis (If outside city or town limits, write "RURAL") 91

(d) Street No.: 4025 Enright Ave (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Claudius O'Malley

3. (b) If veteran, name war: None

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: Col

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Albertha O'Malley

6. (c) Age of husband or wife if alive: 25 years

7. Birth date of deceased: Dec. (Month) 23 (Day) 1913 (Year)

8. AGE: Years: 29 Months: 1 Days: 8 If less than one day: hr. min.

9. Birthplace: Jamaica (City, town, or county) West India (State or foreign country)

10. Usual occupation: Waiter

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Albertha O'Malley

(b) Address: 4025 Enright Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-6-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenwood Cemetery

18. (a) Signature of funeral director: Ellis Fun Home

(b) Address: 3930 Standard St.

19. (a) FEB 1 1943 (Date received local registrar) (b) J. F. Budesk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 1 year 1943 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of skull; subdural hemorrhage of brain; when he was struck by one Albert R. Jones Col., at the intersection of Market and Jefferson Streets, about 10:00 P.M. February 1st, 1943. (Duration)

Due to: HOMICIDE

Other conditions (Include pregnancy within 3 months of death): 168

Major findings: Of operations:

Of autopsy:

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Homicide

(b) Date of occurrence: 2-1-43

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Alfred Perry (M. D. or other)

Address: Cerbat, Arizona Date signed: 2/5/43

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1943

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 L Boyk

....., Registered Apprentice No. MP

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

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, fact should be so stated above.