

FILED OCT 13 1943 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 8685

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:
DE PAUL HOSPITAL
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 YEARS
years, months or days

3. (a) PRINT REV. MARTIN J. O'MALLEY C.M.
FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 0 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JAN. 8 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 8 21 hr. min.

9. Birthplace DONT KNOW ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation ROMAN CATHOLIC PRIEST

11. Industry or business _____

12. Name PATRICK O'MALLEY

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

14. Maiden name MARY GIBBONS

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

16. (a) Informant REV. FATHER DONOVAN

(b) Address KENRICK SEMINARY

17. (a) BURIAL (b) Date thereof 10-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director John J. Donnelly

(b) Address 3840 Leavelle Blvd

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County ST. LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. KENRICK SEMINARY
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 29
year 1943 hour 8 minute 35 P.M.

21. I hereby certify that I attended the deceased from Sept 13 1943 to Sept 29 1943
that I last saw him alive on Sept 23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death:
Cardiovascular renal
lesion with pyelonephritis
Due to arterial and kidney
changes
Due to scarlet fever of childhood

Duration
1 yr
2
14 yrs 7 mo

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

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) _____

(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) (e) Means of injury _____

23. Signature Kennerly (M. D. or other)

Address 1117 N. Grand Date signed 9/30/43

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

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N.R. 7
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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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Luedell

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.