

FILED JAN 12 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

796

State File No. 12, L

Registration District No. 318

Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community 66 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Overland, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 8433 Midland Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE WILLIAM O'MALLEY
3. (b) If veteran, name war No
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 1st
year 1944 hour 5 minute 20 A M.

4. Sex Male 5. Color or Race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertrude O'Malley
6. (c) Age of husband or wife if alive 50 years

21. I hereby certify that I attended the deceased from Sept 9 - 1943 to Jan 1 - 1944
that I last saw him alive on Dec 31 - 1943
and that death occurred on the date and hour stated above.

7. Birth date of deceased 1117 21 1877
(Month) (Day) (Year)

Immediate cause of death Carcinoma sigmoid (Colon)
Due to _____
Due to _____

8. AGE: Years 66 Months 1 Days 10
If less than one day hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Crt. Reporter-Post-Dispatch
11. Industry or business _____

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) Means of injury _____

MOTHER FATHER {
12. Name Micheal O'Malley
13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary McHugh
15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

23. Signature Paul Vinyard (M. D. or other)
Address 3718 A Olive St. St. Louis Date signed Jan 3 1944

16. (a) Informant Mrs. Gertrude O'Malley
(b) Address 8433 Midland Avenue
17. (a) Burial (b) Date thereof 1-4-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Alexander S. Soudan
(b) Address 6175 Delmar Blvd.
19. (a) JAN 3 1944 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

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

Dr. Paul Vainard
3718 Olive
FR. 6382

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

James E. McCulloch

Licensed Embalmer No. *2460*

P. O. Address. *2460*

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.

6155 P. Almar