

No. 2
-12-45
5-17-39
1 X47070

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAY 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18543

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 179

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month; 19 das.
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME JOHN JOSEPH O'MALLEY

3. (b) If veteran, name war None

3. (c) Social Security No. 497-01-0443

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Laura H. Enzenauer

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

7. Birth date of deceased June 7, 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

49 11 1 _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Automobile Salesman

11. Industry or business _____

12. Name John O'Malley

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

14. Maiden name Bridget Mary Hester

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 5-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem., St. Louis, Mo.

18. (a) Signature of funeral director Lawrence Mullen & Sons

(b) Address 5165 Delmar, St. Louis, Mo.

19. (a) 5-23-47 (b) Cather Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Pine Lawnings
(If outside city or town limits, write "RURAL")

(d) Street No. 4007 Jennings Rd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8,
year 1947 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from March 20, 1947, to May 8, 1947,
that I last saw h im alive on May 8, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism Duration 5 mos

Due to Myocardial Infarction
Arteriosclerotic
Due to Rheumatic heart disease

Other conditions Organic Psychosis 5 mos
(Include pregnancy within 6 months of death)

Major findings:
Of operations _____
Of autopsy No 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? Mo.

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature George H. Raines (M. D. or other) M.D.
Address Pine Lawnings, Mo. Date signed 5/13/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 547-75

Date Filed 5-26-47

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 H. G. Farris

Licensed Embalmer No. 3384

P. O. Address H. G. Farris, 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.