

No. 2
-1/47
5-17-39

FILED FEB 3 1948
Registration District No. 210

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town BALDWIN MANCHESTER
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: PINE CREST #24
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 96

(c) City or town BALDWIN MANCHESTER
(If outside city or town limits, write "RURAL")

(d) Street No. PINE CREST HOME #2
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME CLARA O'MALLEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE 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 Aug 12 1887
(Month) (Day) (Year)

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

60 5 9 hr. min.

9. Birthplace _____ (City, town, or county) (State or foreign country) KY 1

10. Usual occupation NONE

11. Industry or business _____

12. Name PATRICK O'MALLEY 14

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

14. Maiden name MARGARET DAVIS

15. Birthplace _____ (City, town, or county) (State or foreign country) IRELAND 4

16. (a) Informant Mrs CHARLES E. MURPHY

(b) Address 7836 PAGE

17. (a) BURIAL (b) Date thereof 1-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CADVADE

18. (a) Signature of funeral director Eugene K. K... 110

(b) Address 4386 Lindell

19. (a) 1-23-48 (b) Beck G. G. 110
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 21
year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 21
20, 1947, to Jan 21, 1948
that I last saw her alive on Jan 20, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung

Due to _____

Due to 46K

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause of 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? _____ (Specify type of place)

While at work? _____ (e) Means of injury h

23. Signature R. H. Jansen (M. D. or _____)

Address Manchester, Mo Date signed 1/21/48

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

1948 FEB 3

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 G. Lammers
Licensed Embalmer No. 4142
P. O. Address St. Louis

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.