

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39796**

9600

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 4295	
1. PLACE OF DEATH a. COUNTY ST. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS,			
b. CITY (If outside corporate limits, write RURAL and give township) Manchester mo.		c. LENGTH OF STAY (In this place) 11-months		c. CITY (If outside corporate limits, write RURAL and give township) 75-TOWN BALDWIN		91	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Home				d. STREET ADDRESS (If rural, give location) PINE CREST NURSING HOME			
3. NAME OF DECEASED (Type or Print) a. (First) Michael b. (Middle) O'Malley c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 11/1/49				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH unknown	
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LABORER			10b. KIND OF BUSINESS OR INDUSTRY unknown			11. BIRTHPLACE (State or foreign country) ST. LOUIS, U	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME MICHAEL O'MALLEY		13b. MOTHER'S MAIDEN NAME BRIDGET PHELAN		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. #		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS MARY E. TACKABERRY 4147 LEE AVE			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 18, 1948 , to Jan 1, 1949 , that I last saw the deceased alive on Oct 30, 1949 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE A. T. Merten mo				23b. ADDRESS 3007 Potomac		23c. DATE SIGNED 11-2-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11/31/49		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI	
DATE REC'D BY LOCAL REG. Nov 2, 1949		REGISTRAR'S SIGNATURE Herbert B. Haskie, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE			

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ben Hoffman

Licensed Embalmer No. 4366

P. O. Address Spring MD

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.