

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

38420

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township St. Louis Mo Primary Registration District No. 100:3  
 City St. Louis Mo (No. 4153 Castleman Ave St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
 Registered No. 1080:3

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. 17 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia Dempsey  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 30 1861  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
68 6 3

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Attorney  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

St. Louis Mo

**10. NAME OF FATHER**

Unknown Dempsey

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)**

Unknown

**12. MAIDEN NAME OF MOTHER**

Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)**

Unknown

**14.**

INFORMANT Virginia Dempsey  
 (Address) 4153 Castleman Ave

**15.**

FILED 11-1 1929 Mar C Starcher REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2  
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 3 1929  
 17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
 \_\_\_\_\_, 1929 to Nov 3 1929  
 that I last saw him alive on Nov 2 1929, and that death occurred, on the date stated above, at \_\_\_\_\_  
1:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Ch. Glomerulo. Nephritis  
131  
936 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Ch Myocarditis  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOW AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Lobulated  
 (Signed) E. J. Rusk M. D.  
11 1929 (Address) Union Club Bldg

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL Nov 6 1929

20. UNDERTAKER Wm J. Robert ADDRESS 1905 S Grand St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Feb

31

