

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

Do not use this space.

7525

1. PLACE OF DEATH

County..... Registration District No. 700
Township..... Primary Registration District No. 50225
City St. Louis (No. 3853, Connecticut St)

File No.
Registered No. 1481
St. Ward)

2. FULL NAME

Walter Lawrence Dempsey
(a) Residence, No. 3853 Connecticut St., 167 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 - 1905
7. AGE YEARS 27 MONTHS 9 DAYS 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed
10. Date deceased last worked at this occupation (month and year) May 1931 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan mo.
13. NAME John Dempsey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis mo.
15. MAIDEN NAME Mary O'Brien
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fenton mo.

17. INFORMANT (ADDRESS) William Dempsey 3853 Connecticut St
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Feb. 13 1933

19. UNDERTAKER (ADDRESS) Collinane Bros. 1710 N. Grand
20. FILED Feb 13 1933 Wm C. Standen Registrar. 2/11/33

MEDICAL CERTIFICATE OF DEATH

No physician or other degree
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10 1933

22. HEREBY CERTIFY, That I attended deceased from 19....., to..... 19....., 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 7:25 p.m.

The principal cause of death and related causes of importance were as follows:
Gunshot wound of head, self-inflicted while suffering to morose mental aberration
Other contributory causes of importance: suicide
Date of onset

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 2/9 1933
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) John J. Gentry, M.D.
(Address) Deputy Coroner

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

