

REC'D FEB 10 1939

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

✓ 284
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 791
(b) Township ST LOUIS Primary Registration District No. 1008 Registered No. 284
(c) City ST LOUIS (d) Street No. ST JOHNS HOSP St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

512 WILLIAM EDWARD DEMPSEY
(a) Residence, No. 6640 WASHINGTON St. KC K City, Mo
(Usual place of abode, if no street address, write county or city) (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) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARIE SARAH DEMPSEY
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 29 1859
7. AGE YEARS 29 MONTHS 3 DAYS 8 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. PROPOSE BUSINESS
9. Industry or business in which work was done, as saw mill, bank, etc. RETIRED
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WIS.

FATHER 13. NAME STEPHAN DEMPSEY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

MOTHER 15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) MRS MARIE S. DEMPSEY
6640 WASHINGTON

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE JAN 10 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L.M. MULLEN
5165 DELMAR BLVD.

20. FILED JAN 9 1939 J.D. Beck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 7 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1 1939 to June 7 1939
I last saw him alive on Jan 6 1939 Death is said to have occurred on the date stated above, at 7 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset Jan 2, 39
Broncho-pneumonia

Other contributory causes of importance:

acute bronchitis Dec 27, 38

Name of operation none Date of 0

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

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) W. P. ... M. D.

(Address) 4500 Olive St.

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 *John J. Keller*

Licensed Embalmer No. *3880*

P. O. Address

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, above space should be left blank.