

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 9052
 Registrar's No. 2535

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6208 a Crescent Ave
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 1 year
years, months or days)

3. (a) PRINT FULL NAME MYRTLE I. DEMPSTER

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 Widow

6. (b) Name of husband or wife Jaboc Dempster 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 3 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 7 13 hr. _____ min.

9. Birthplace White County Ind
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business at Home

12. Name Unknown

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

14. Maiden name Mary J Nickelson

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Ruth Dempster

(b) Address 6208 Crescent Ave

17. (a) Decatur Ill (b) Date thereof 3 19 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Wood Cemetery

18. (a) Signature of funeral director Kreigshauser Und Co

(b) Address 4228 So. Kinghighway Blvd

19. (a) MAR 17 1940 (b) J. J. Becken
(Date of civil death) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
 (c) City or town St. Louis Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. 6208a Crescent Ave
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
 year 1940 hour 10 AM minute _____ M.

21. I hereby certify that I attended the deceased from May 15, 1939, to Mar 16, 1940
 that I last saw her alive on Mar 15, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature J. J. Becken (M. D. or other) med.

Address 5930 Sautter Ave Date signed 3-16-40

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

MOTHER FATHER

Duration 9
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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 Reinhold K. Lohmann

Licensed Embalmer No. 3395

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.