

2-40
-39
K23159

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 720

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 2/26/41
(Specify whether years, months or days)

In this community unknown.

3. (a) PRINT FULL NAME James Francis Dempsey

3. (b) If veteran, name war World War

3. (c) Social Security No. 490-05-1678

4. Sex male

5. Color or race white

6. (a) Single, widowed, married/
divorced married

6. (b) Name of husband or wife Margaret

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 12, 1888
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>52</u> | <u>4</u> | <u>20</u> | hr. _____ min. |

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

MOTHER FATHER

12. Name James Dempsey

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

14. Maiden name Margaret Darby

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

16. (a) Informant Chas Selwager
Actg. Clinical Clerk, VAF, off. Bks., Mo.

(b) Address _____

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 4-2-41
(Month) (Day) (Year)

(c) Place: burial or cremation Central City Cemetery

18. (a) Signature of funeral director [Signature]
(Specify type of place)

(b) Address 4415 Washington St

19. (a) APR 3 1941
(Date received local registrar)

(b) [Signature]
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 9th

(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")

(d) Street No. 1217 Claytonia Terrace.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd
year 1941 hour 5:05 minute a. m.

21. I hereby certify that I attended the deceased from March 26, 1941 to April 2nd, 1941, that I last saw him alive on April 2nd, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Appendicitis, acute, with perforation.

Duration Unknown

Due to _____

Due to _____

Other conditions Peritonitis, acute, with paralytic ileus.
(Include pregnancy within 3 months of death)

Major findings:
Of operations Appendectomy with drainage, March 31, 1941.

Of autopsy No autopsy.

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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? _____

23. Signature C. W. HUGHES, M.D. (Specify type of place) _____
(M. D. or other)

Address Chief Medical Officer Date signed 4/2/41

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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, fact should be so stated above.