

S. No. 2  
M-5-42  
v. 5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31872

FILED NOV 6 1942  
Registration District No. 318

Primary Registration District No. 1003

State File No. 8979  
Registrar's No.

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

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town..... **St. Louis**  
(c) Name of hospital or institution:  
**1635 So. Vandeventer Ave.**  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County.....  
(c) City or town..... **St. Louis**  
(d) Street No. **1635 So. Vandeventer Ave.**  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Laura Mae Dempsey**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Oct.** day **27th**  
year **1942** hour **8:55** minute **P.M.**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Late John J. Dempsey**  
6. (c) Age of husband or wife if alive **15th 1863**  
7. Birth date of deceased **May 15th 1863**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Last**  
**two years**, 19... to 19...  
that I last saw **her** alive on **10.27-42**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Carson of Remyt ven**  
**5 fuer**

8. AGE: Years **79** Months **5** Days **12**  
If less than one day hr. min.

Due to **Primary in ear**  
Due to **52**  
Other conditions.....  
(Include pregnancy within 3 months of death)

9. Birthplace **Cincinnati Ohio**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Housewife**

Major findings: **not any operations**  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business.....  
12. Name **William Thompson**  
13. Birthplace **U.S.**  
14. Maiden name **Anna Eckels**  
15. Birthplace **U.S.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph W. Dempsey**  
(b) Address **1635 So. Vandeventer Ave.**  
17. (a) **Burial** (b) Date thereof **10-30-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Valhalla Cemetery**  
18. (a) Signature of funeral director **Kriegsheuser Mortuaries**  
(b) Address **4228 So. Kingshighway Blvd.**  
19. (a) **OCT 28 1942** (b) **J. J. [Signature]**  
(Date received local registrar) (Registrar's signature)

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?  
(Specify type of place) (e) Means of injury.....  
23. Signature **R. G. Henry** (M. D. or other)  
Address **1835 S. Grand** Date signed **28 Oct**

11-1

La: 0668

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 *Elmer J. Mc Dermott*

Licensed Embalmer No. *3024*

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.