

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

JUL 13 1948

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 weeks.**
(Specify whether
 In this community **2 weeks.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County.....
 (c) City or town **4606 McPherson**
(If outside city or town limits, write "RURAL")
 (d) Street No. **St. Louis**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **3**
 year **1943** hour **3** minute **2** M.

4. Sex **Female**
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Timothy F. Dempsey.**
 6. (c) Age of husband or wife if alive **39** years
 7. Birth date of deceased **June 22 1907**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 1st**
 19**43**, to **July 3** 19**43**
 that I last saw her alive on **July 2** 19**43**
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
36 **0** **31** hr. min.

Immediate cause of death
Cirrhosis of Liver
(Hypertension)
 Duration **12 months**

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

Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

10. Usual occupation **Housework.**

Major findings:
 Of operations.....
 Of autopsy.....

MOTHER FATHER {
 11. Industry or business.....
 12. Name **Patrick Sheehan.**
 13. Birthplace **Ireland.**
(City, town, or county) (State or foreign country)
 14. Maiden name **Katherine Gleeson.**
 15. Birthplace **Ireland.**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Timothy F. Dempsey**
 (b) Address **4606 McPherson Ave.**
 17. (a) **Burial**
(Burial, cremation, or removal) (b) Date thereof **July 5, 1943**
(Month) (Day) (Year)
 (c) Place: burial or cremation **Calvary Cemetery**

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)
 While at work? (e) Means of injury.....

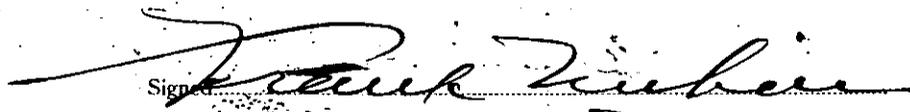
18. (a) Signature of funeral director **Francis J. [Signature]**
 (b) Address **1431 Union Blvd.**
 19. (a) **JUL 4 1943** (b) **J. F. [Signature]**
(Date received local registrar) (Registrar's signature)

23. Signature **Wm P. [Signature]** (M. D. or other)
 Address **University Club Bldg.** Date signed **7/3/43**

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.....

7915

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.