

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 98
(d) Street No. 8334 Halls Ferry Rd.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary R. Dempsy

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James R. Dempsy 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June 5, 1888
(Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 2 If less than one day hr. min.

9. Birthplace Shawneetown Ills.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name Benjamin Hoelzle

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

14. Maiden name Margaretta Zimmermann

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

16. (a) Informant James R. Dempsy

(b) Address 8334 Halls Ferry Rd.

17. (a) Burial (b) Date thereof 9/11/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) SEP 9 1943 (b) J. H. Zedler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7th
year 1943 hour 4:00 minute PM M.

21. I hereby certify that I attended the deceased from Sept 4th 1943, to Sept 7th 1943
that I last saw her alive on Sept 7th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death coronary thrombosis Duration 1 day

Due to causes of injury, return of blood and liver 1943

Due to Primary site-Cervix.

Other conditions (Include pregnancy within 5 months of death) 48

Major findings: Of operations

Of autopsy yrs. as described above

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?

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

23. Signature Joseph M. Trigg (M. D. or other)

Address 215 Metropolitan Bldg. St. Louis Date signed 9-9-43

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..... *Francis A. Williamson*.....

Licensed Embalmer No. *3565*.....

P. O. Address *St Louis Mo.*.....

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.