

S. No. 2
OM-5-43
v. 5-17-39
P 1 X36671

FILED FEB 19 1946
318

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **1181**

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

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:
4153 Castleman 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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4153 Castleman Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Virginia Dempsey

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 Widowed

6. (b) Name of husband or wife John B. Dempsey 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 19, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>0</u>	<u>14</u>	_____ hr. _____ min.

9. Birthplace Houston Texas
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Edward Morriss

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

14. Maiden name Mary McCormack

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

16. (a) Informant Edgar V. Maher

(b) Address 4153 Castleman Ave.

17. (a) Burial (b) Date thereof Feb. 6/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl

19. (a) FEB 4 1946 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
year 1946 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from act
1945 to 2/3, 1946
that I last saw her alive on 1-27, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of head of Pancreas 6 mo
metastases to liver 2 mo

Due to _____
Due to _____

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

Major findings: Of operations none

Of autopsy none

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 Thomas M. Martin (M. D. or other) _____

Address 634 No Grand Date signed 2/4/46

Dr. Thomas M. Martin
Massachusetts Institute
3-5-01

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. 3722

P. O. Address 412 Duchouquette St.

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.