

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

27638

FILED AUG 23 1948

Registration District No.

Primary Registration District No. 1003

Registrar's No.

6982

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. Lukes Hospital
(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)

3. (a) PRINT
FULL NAME

Paul E. Dempsey

3. (b) If veteran,
name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Julia Dempsey 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Nov. 1 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 9 7 hr. min.

9. Birthplace Montgomery Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance

11. Industry or business Office Bldg.

12. Name Alvis Dempsey
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Nora Brough
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Gladys Dempsey
(b) Address 5311 Northland Ave.

17. (a) burial (b) Date thereof 8-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton Mo.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) AUG 9 1948 (b) J. E. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Good
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5311 Northland Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8
year 1948 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 6 1948 to Aug 8 1948
that I last saw him alive on Aug 7 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis Duration 3 Mo.

Due to Original site of carcinoma not determined

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy Generalized Carcinomatosis
Microscopic section not available

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 Lin F. Bean (M. D. or other) MD
Address 3220 Washington Blvd. Date signed 8/9/48

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. *4237*

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.