

FILED DEC 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40354**
Registrar's No. **11337**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1909 N. 13th St.		e. STREET ADDRESS (If rural, give location) 26 1909 N. 13th Str.	
3. NAME OF DECEASED (Type or Print) a. (First) LORENZA b. (Middle) D. c. (Last) DEMPSEY			4. DATE OF DEATH (Month) (Day) Nov. 29th, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 30, 1880
9. AGE (In years last birthday) 72 73	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Railroad worker	11. BIRTHPLACE (City and State or Foreign Country) Illinois
12. CITIZEN OF WHAT COUNTRY?	13a. FATHER'S NAME Stephen Dempsey	13b. MOTHER'S MAIDEN NAME Harriett King	14. NAME OF HUSBAND OR WIFE (late) Ethel Dempsey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bonnie Engelmann-daughter	

18. CAUSE OF DEATH Enter only one cause per and (a), (b), and (c) <i>This does not mean mode of dying, such as suffocation, asphyxia, etc. It means the disease, injury or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Hypertensive Coriatic disease 6 yrs DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs.
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4-20-1
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3/8, 1952** to **11/27, 1953**, that I last saw the deceased alive on **11/27, 1953**, and that death occurred at **6 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE W. T. D. Blaylock	23b. ADDRESS 1455 S. Olive St. St. Louis	23c. DATE SIGNED 11/30/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 2, 1953	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State)	24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leidner Und. Co 2223 St. Louis Ave.	

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

Call by phone
1953

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *G. W. Wilkinson*

Licensed Embalmer No. *357*

P. O. Address *St Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 40354

State of State }
City of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 11337

On this 12 day of December, 1953, before me appears Mr. Bonnie Engelmann, who, upon her oath, states that the original record of birth death for Lorenza D. Dempsey, died Nov. 29-, 1953, in the State of Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 4 should read November 29- 1953

Instead of _____ November 29 1880

Item No. 9 should read 72 years

Instead of _____ 73 years

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Bonnie Engelmann Daughter
Relationship.

1909 N. 13th St

Present Address.

Subscribed and sworn to before me this 12- day of December, 1953.

My Commission expires July 7- 1954 John P. Buchholz Notary Public.

SECRET