Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003854

STATE FILE NUMBER

FILED FEB 11 1959

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 265

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Richmond Hts. — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 7545a Hoover Ave. — Length of stay in 1b: YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Richmond Hts. 4495 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 7545a Hoover Ave. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: CARL Middle: T. Last: DEMPSEY

4. DATE OF DEATH: Month: Jan. Day: 27 Year: 1959

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: April 15, 1895 C

9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant

10b. KIND OF BUSINESS OR INDUSTRY: Rosenberg Tobacco Co.

11. BIRTHPLACE (City and state or country): Dubuque, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Michael Dempsey

13b. MOTHER'S MAIDEN NAME: Lena Farmier

14. NAME OF HUSBAND OR WIFE: --------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 319-09-7674H

17. INFORMANT: Jerome Dempsey Address: 7545 Hoover Ave.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic Heart Dis Ease with left ventricular failure and auricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12/17/1958, to Jan 27, 1959 and last saw her/him alive on 1/27/59. Death occurred at 3:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Thomas W. Parker M.D.

22b. ADDRESS: 4660 Maryland St Louis Mo

22c. DATE SIGNED: 1/28/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal (Rail)

23b. DATE: 1-29-59

23c. NAME OF CEMETERY OR CREMATORY: St. Joseph's Cemetery

23d. LOCATION (City, town, or county) (State): River Grove, Ill.

24. FUNERAL DIRECTOR: Kriegshauser

ADDRESS: 4228 S. Kingshighway

25. DATE RECD. BY LOCAL REG.: 1-28-59

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Richard W. Stoessel

Licensed Embalmer No. 4007

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.