

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

30770
 Do not use this space.

REC'D OCT 12 1938

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008**
 (c) City..... **St. Louis** (d) Street No. **St. John's Hospital** Registered No. **8207**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

William Thomas Dempsey, 519.
 (a) Residence, No. **Park Plaza Hotel** St. **12**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mildred Dempsey**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **1886-8-22**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 - 15
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Salesman**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Whitehall-Tatem Co.**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Elkton, Ind.**

FATHER 13. NAME **Gordon Dempsey,**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

MOTHER 15. MAIDEN NAME ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT (ADDRESS) **Mildred Dempsey Park Plaza Hotel**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Morocco, Ind.** DATE **9/20/38**

19. FUNERAL DIRECTOR (ADDRESS) **Robert J. Ambruster Clayton Rd. at Concordia Lane**

20. FILED **SEP 18 1938** **J. T. Bredeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 17, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **March** 19 **38** to **September 17, 1938**

I last saw him alive on **September 17, 1938** Death is said to have occurred on the date stated above, at **10:20 A.**

The principal cause of death and related causes of importance were as follows:

Sung abscess caused by perforated gastric ulcer

Other contributory causes of importance:
Perforated gastric ulcer. Sub Diaphragmatic abscess.

Name of operation **Autopsy** Date of **3-19-38**
9-17-38

What test confirmed diagnosis? **autopsy** Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide **#** Date of injury 19.....
 Where did injury occur? **#** (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **#**
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify

(Signed) **W. D. M. D.**
 (Address) **Humbolt' Bldg.**

STATEMENT BY LICENSED EMBALMER

I, Edward H. Bockhorst, Licensed Embalmer No. 2502

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Edward H. Bockhorst

Licensed Embalmer No. 2502

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.)