

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

17389
Do not use this space.

1. PLACE OF DEATH **RES'D JUN 12 1939**

(a) County..... Registration District No. **791**
 (b) Township **St. Louis** Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **City Hospital** Registered No. **4923**
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

2. PRINT FULL NAME **Edward Dempsey (alias John Clark)**

(a) Residence, No. **5827 Julian** St. **5** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Wh** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **February 7, 1877**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 2 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Clerk**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Post-office**
 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) **St. Louis Missouri**

FATHER 13. NAME **Robert Dempsey**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

MOTHER 15. MAIDEN NAME **Elizabeth Slattery**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT (ADDRESS) **Mrs. John S. Joyce 5827 Julian**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Calvary June 1, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Chas. W. Stuart 1225 Union Blvd.**

20. FILED **MAY 31 1939** **J. F. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 16, 1939**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____ Death is said to have occurred on the date stated above, at **5:00 P.M.**

The principal cause of death and related causes of importance were as follows:
2nd and 3rd degree Burns of right foot and body suffered when burned in room 735 at Marion Roe Hotel 1508 pine street when room was burned apparently as a result of deceased smoking in bed about 8:12 P.M. April 16, 1939. Damage to room \$10.00 to contents \$50.00

Other contributory causes of importance:
of deceased smoking in bed about 8:12 P.M. April 16, 1939. Damage to room \$10.00 to contents \$50.00

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide **Accident** Date of injury **4/16, 1939**
 Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place **Public place**

Manner of injury **See above**
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify **Alfred Perry**
 (Signed) _____ (Address) **Republic coroner.**

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.

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.....

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, above space should be left blank.