

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

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137823

FILED APR 26 1944

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 3526

1. PLACE OF DEATH: 818

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3mo, 30 days
(Specify whether years, months or days)

In this community _____
(years, months or days)

3. (a) PRINT FULL NAME James Dempsey

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 15 1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Edward Dempsey

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Bridget

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Green

(b) Address 5800 Arsenal

17. (a) BURIAL (b) Date thereof 4-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Gullen & Kelly

(b) Address 4386 Lindbergh Bldg.

19. (a) APR 17 1944 (b) J. F. Biedeck
(Date received local registrar) (Registrar's signature)

2. USUAL PLACE OF DECEASED: 1003

(a) State Missouri (b) County 1825

(c) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. 5800 Arsenal - 218 A. 4th
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country American

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10, year 1944 hour 7:30 minute PM

21. I hereby certify that I attended the deceased from 12-11-43 to 4-10-44, that I last saw him alive on 4-10-44 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia
Not typed

Due to Marked generalized arteriosclerosis

Due to 108

Other conditions Senility; arteriosclerotic heart disease; senility

Major findings: Of operations

Of autopsy as above and Pylonephritis

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 0

23. Signature James A. Smetana MD. (M. D. or other)

Address 5800 Arsenal Date signed 4-13-44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

James Wood Lemmers

Licensed Embalmer No. *41192*

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