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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 1946
#53024

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35040

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9225**

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 117

(d) Street No. 1721 N. Grand
(If rural, give location) 9

(e) Citizen of foreign country?..... (Yes or No) 11
If yes, name country.....

3. (a) PRINT FULL NAME Charles Fulton Dempsey

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ottie Dempsey

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

7. Birth date of deceased About 1882
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21st
year 1946 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from 8/17/46
21 19 Oct. 21st to 19 46
that I last saw im alive on Oct. 21st 19 46
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

About 64 hr. min.

Immediate cause of death Melogenous Leukemia Duration

Due to.....

Due to..... 174

Other conditions.....
(Include pregnancy within 3 months of death)

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

10. Usual occupation Unknown

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Paul Dempsey

(b) Address Maryland Heights, Mo.

22. If death was due to external causes, fill in the following:

(c) 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?.....

17. (a) Burial (b) Date thereof 10-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

(Specify type of place) White at Work

(e) Manner of injury.....

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) Oct 28 1946 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

21. Signature A. H. Braden 1515 Lafayette 10/28/46 (other)
Address Date signed

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

NO EMBALM

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.....
No Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Albert G. Happe

Licensed Embalmer No. *2971*

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, fact should be so stated above.