

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 1003

38403  
State File No. 9385

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis</b>		2039	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3307 Oxford</b>				d. STREET ADDRESS (If rural, give location) <b>3307 Oxford</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>OMA</b>		b. (Middle) <b>M</b>		c. (Last) <b>DEMPSEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11 3 50</b>	
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>divorced</b>		8. DATE OF BIRTH <b>2-2-1901</b>	
9. AGE (In years last birthday) <b>49</b>		IF UNDER 1 YEAR (Months) (Days) <b>9 1</b>		IF UNDER 24 HRS. (Hours) (Min.) _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jesse H. Gilstrap</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Hatley</b>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>499-20-5430</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Robert Dempsey</b>		ADDRESS <b>2033 McCausland</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of the brain</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b> <b>6 mo.</b>	
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>none</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>none</b>			
22. I hereby certify that I attended the deceased from <b>10/17</b> , 19 <b>50</b> , to <b>11/3</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>11/2</b> , 19 <b>50</b> , and that death occurred at <b>9:50</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Robert Dempsey</b> (Degree or title) _____				23b. ADDRESS <b>457 N. Kingsley</b>		23c. DATE SIGNED <b>11/4/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-6-50</b>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <b>Ironton, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>11-6-50</b>		REGISTRAR'S SIGNATURE <b>J. B. Suster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jay B. Smith, Maplewood, Mo.</b>			

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

5886

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*H. P. Burgess*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4029*

P. O. Address *Heasleywood*

**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.