MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-006420
STATE FILE NUMBER

Registrar's District No. 318 Primary Registration District No. 1003 Registrar's No. 1360

FILED VS FEB 20 1961

AMENDED

DATE AMENDED 67

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b: 58-yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4508 McPherson Ave.
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St.Louis
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 4508 McPherson Ave.
Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Sarah Middle: B. Last: Dempsey
4. DATE OF DEATH: Month February Day 9th. Year 1961
5. SEX: F.
6. COLOR OR RACE: W.
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 2/9/ 81
9. AGE (last birthday): 80
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Ireland
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Thomas Dempsey
13b. MOTHER'S MAIDEN NAME: Bridget Ryan
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Miss Agnes Dempsey, Address: 4508 McPherson Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Probable myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerotic coronary artery Disease — Several yrs.
DUE TO (c): Angina pectoris — abt. 2yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown
19. WAS AUTOPSY PERFORMED? YES [ ] NO [✓]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from June 1950, to 2-9-1961 and last saw her alive on January 19, 1961
Death occurred at 9:15 am. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Arthur K. Dunkel M.D.
22b. ADDRESS: 7500 Devonshire
22c. DATE SIGNED: 2-9-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/11/1961
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis, Missouri
24. FUNERAL DIRECTOR: Arthur H. Donnell
ADDRESS: 3840 Lindell Blvd.
25. DATE RECD. BY LOCAL REG.: FEB 10 1961
26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4699

P. O. Address 3840 Lindell

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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