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

Do not use this space.

File No. 34125

Registered No. 9454

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 1003

City St Louis (No. De Paul Hospital St. ..... Ward)

2. FULL NAME Mary E. Tracy

(a) Residence. No. 5152 Northland St., 6. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John F. Tracy 1869

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15 1869

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60	11	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

PARENTS
10. NAME OF FATHER John M Moore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Dr Frank J Tracy
(Address) 5152 Northland Ave

15. OCT 3 1930 FILED ....., 19.....
Kelly C. Stanley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 2nd 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 19th, 1927, to Oct 1st, 1930, that I last saw h. alive on Oct 1st, 1930, and that death occurred, on the date stated above, at 4 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Liver
U.L.E.
9 3C at least (duration) ....yrs. 6 mos. - ds.
CONTRIBUTORY (SECONDARY) Chronic myocarditis over 1 (duration) ....yrs. - mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH At 5152 Northland
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 4-15-30
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & Operative diagnosis
(Signed) Andrew C. Hruska, M. D.
10-2-1930 (Address) 316 University Club Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Calvary	10-4 1930
20. UNDERTAKER	**ADDRESS**
Arthur J Donnelly	2039 Wash

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.

Dr Clancy
University Coll Bdg
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