WRITE PLAINLY WITH INFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 21469

Township ..... Primary Registration District No. 1003 Registered No. 5255

City St Louis (No. 4383 Donovan ave St. ..... Ward)

2. FULL NAME Sophia Tracy

(a) Residence, No. 4383 Donovan St., 3 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Later Charles Tracy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 20, 1852

7. AGE: YEARS 80 MONTHS 8 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): NY NY

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): John Macker 4383 Donovan

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 6-16 1933

19. UNDERTAKER (ADDRESS): Kriegshauser Mortimer 4104 Manchester

20. FILED JUN 1 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jun 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933 to Jun 14, 1933
I last saw her alive on Jun 14, 1933 Death is said to have occurred on the date stated above, at 12:40 p.m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

97 97

Date of onset

Other contributory causes of importance:

Name of operation none Date of none

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. E. Sheets, M. D.

(Address) 4300 Manchester