JAN 10 1938

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

43905
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 7917

(b) Township ..... Primary Registration District No. 1603 Registered No. 12155

(c) City St. Louis (d) Street No. 4931a Oleatha Ave. St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Isabelle Tracy,

(a) Residence, No. 4931a Oleatha Ave. St. 14

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Thomas S, Tracy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2, 1872

7. AGE: Years 65 | Months 32 | Days 27 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Social Worker

9. Industry or business in which work was done, as saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) London (STATE OR COUNTRY) Ohio

FATHER

13. NAME James Trimble

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Julia A. Gibbons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mr. James R. Tracy (ADDRESS) 4931a Oleatha Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Jan.3,1938

19. FUNERAL DIRECTOR Cullinane Brothers (ADDRESS) 1710 N. Grand Blvd.

20. FILED DEC 31 1937 19.... J. T. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 1st, 1933, to 12/29, 1937. I last saw her alive on 12/29, 1937. Death is said to have occurred on the date stated above, at 11.30 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Failure — Date of onset 12/15/37

Other contributory causes of importance: Chronic Cardiac Valvular Disease — 4 yrs +

Name of operation None Date of .....

What test confirmed diagnosis? Clinical 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 .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [illegible], M. D.

(Address) 3606 Travois - St Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Fred Frick, Licensed Embalmer No. 3186

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Fred Frick

Licensed Embalmer No. 3186

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.)