

1939 JUN 15 1938

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

19187
Do not use this space.

1. PLACE OF DEATH

(a) County Maxion Registration District No. 547
(b) Township Mason Primary Registration District No. 3029
(c) City Stannibal (d) Street No. N. River Road 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 167

2. PRINT FULL NAME

Edwin S. Tracy
(a) Residence, No. N. River Road St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruth
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 46
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Sale Man
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) St Louis Mo

13. NAME Edwin S. Tracy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

15. MAIDEN NAME ELLA POMERADO

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW ORLEANS LA

17. INFORMANT (ADDRESS) Mrs Eugene Tracy Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakgrove St Louis Mo May 25 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James O'Donnell Hannibal Mo

20. FILED May 25 1939 W.C. Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1939

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at about 1/2 m.

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

Acute Myocardial Failure Date of onset

Other contributory causes of importance: Chronic Myocarditis

Name of operation..... Date of.....

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.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Gas. O'Donnell Chronic

(Address) Hannibal Mo.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Michael D. Delmonico*

Licensed Embalmer No. *3246*

P. O. Address *Hennepel*

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, above space should be left blank.