

No. 2  
11-10-39  
-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 22892  
Registrar's No. 1185

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 6211 BAILEY PLACE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether)  
In this community LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS  
(c) City or town WELLESSTON (If outside city or town limits, write "RURAL")  
(d) Street No. 6211 BAILEY PLACE (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME JAMES J. TRACY 1.20

3. (b) If veteran, name war No. 3. (c) Social Security No. 493-10-8020

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased JAN. 28-1891 (Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 23 If less than one day hr. min.

9. Birthplace ST. LOUIS, MO. (City, town, or county) (State or foreign country)

10. Usual occupation MACHINIST

11. Industry or business PUBLIC SERVICE CO.

12. Name LAWRENCE TRACY

18. Birthplace IRELAND (City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

16. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mary Tracy (b) Address 6211 Bailey Place

17. (a) BURIAL (b) Date thereof 6-24-40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director (b) Address 7267 North Bridge

19. (a) JUN 23 1940 (Date received local registrar) (b) (c) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6- day 20 year 1940 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1-15-40 to 6-70-40

that I last saw him alive on 6-17-40 and that death occurred on the date and hour stated above.

Immediate cause of death: Chm. Hypertensive Chm. Septicemia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 131

Major findings: Of operations X

Of autopsy X

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) NO

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature T. W. Linschme (M. D. or other)

Address 4855 Natural Bridge (LANSCHE)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**