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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36368
State File No. _____
Registrar's No. 2051

FILED NOV 25 1940
784

Registration District No. _____ Primary Registration District No. 109 _____

1. PLACE OF DEATH:
(a) County St. Louis, M
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Greenwood & Sutton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether) 30
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Lee Roy Tracey
3. (b) If veteran, name war Spanish American 3. (c) Social Security No. 1-2-11

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 15, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 11 14 hr. min.

9. Birthplace Alton, Illinois (City, town, or county) (State or foreign country) 1

10. Usual occupation Plumber 1

11. Industry or business _____

12. Name Samuel Tracey 1

13. Birthplace Mariette, Ohio (City, town, or county) (State or foreign country) 1

14. Maiden name Margaret Bell (State or foreign country) 1

15. Birthplace Alton, Illinois (City, town, or county) (State or foreign country) 1

16. (a) Informant Margaret Kreps

(b) Address 3742 W. Pine

17. (a) Burial (b) Date thereof 11-2-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Natural

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) NOV 1 1940 (Date received from registrar) (b) J. R. Meyer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1602 Bine (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1940 hour 9 minute 20 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death: Struck by a railroad locomotive while a pedestrian on a railroad right-of-way
Due to _____ 10/29/40

Due to Card fracture of rib which + R. leg multiple fractures of ribs
Other conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 20 / 30

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Oct 29, 1940
(c) Where did injury occur? Maplewood mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Must R.R. Right-of-way
(Specify type of place)

While at work? yes (e) Means of injury Struck by train
23. Signature John B. Goulet (M. D. or other) 11/2/40
Address Parsons, Kansas Date signed

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.....

J. B. Burgess

Licensed Embalmer No.....

4029

P. O. Address.....

Maplewood

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, fact should be so stated above.