No. 2
1-4-41
-17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39351

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 2306

1. PLACE OF DEATH:

(a) County ST LOUIS.

(b) City or town CLAYTON MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. LOUIS. COUNTY HOSP. D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 46

(a) State MO. (b) County 2

(c) City or town UNIVERSITY CITY 2
(If outside city or town limits, write "RURAL")

(d) Street No. 7210 NORTHMOOR DR. 1
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME JULIA. E. TRACY.

3. (b) If veteran, name war .....

3. (c) Social Security No. NONE

4. Sex FEMALE 1

5. Color or race WHITE

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 OCT. (Month) 10. (Day) 1879. (Year)

8. AGE: Years 62 Months 1 Days 3. If less than one day ..... hr. ..... min.

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

10. Usual occupation AT HOME

11. Industry or business .....

FATHER
12. Name JOHN. E. TRACY
13. Birthplace IRELAND (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name ELIZABETH CONNARY.
15. Birthplace NEW HAMSHIRE (City, town, or county) 1 (State or foreign country)

16. (a) Informant Zita. Tracy.
(b) Address 7210 NORTHMOOR. DR.

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof 11-17-41 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY.

18. (a) Signature of funeral director L. M. Mullen.
(b) Address 5165 DELMAR. BLVD.

19. (a) NOV 14 1941 (Date received local registrar) (b) E. G. McGovern M.D. (Registrar's signature) BB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13th year 1941 hour 1:30 minute 8 M.

21. I hereby certify that I attended the deceased from Jan. 1941 ....., 19..., to ....., 19...; that I last saw her alive on Nov. 10, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemmorrhage.	
Due to Arteriosclerosis, general.	4-5 yrs
Due to	
Other conditions Interstitial Nephritis (Include pregnancy within 3 months of death)	5 yrs

Major findings:
Of operations .....
Of autopsy 3/a

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) .....
(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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0

23. Signature Francis J. Canepa (M. D. or other) M.D.
Address 462 N. Taylor Av. Date signed Nov. 14, 41

(Licensed Embalmer's Statement on Reverse Side)

DEC 11 1958

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 A. G. Farris

Licensed Embalmer No. 3384

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.