S. No. 2
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r. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5058

FILED MAR 17 1942

Registration District No. 291

Primary Registration District No. 1003

Registrar's No. 1060

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DeLoge Hospital (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 15 0

(d) Street No. 4329 Bingham (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ANNA TRACY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced None

6. (b) Name of husband or wife James P. Tracy

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 3-12 (Month) (Day) (Year)

8. AGE: Years 65 Months Days If less than one day hr. min.

9. Birthplace St L. Mo (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Michael O'Leary

13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Unknown

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

16. (a) Informant Mrs B. D. Tripp

(b) Address 4329 Bingham

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 Southwest

19. (a) FEB 2 1942 (Date received local registrar) (b) J. T. Bedecek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1942 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from Feb 19 1941 to Feb 2 1942 that I last saw he was alive on Feb 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure

Due to Hypertensive Vascular Disease

Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

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)

(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

23. Signature E. Lee Shrader (M. D. or other) D

Address 3720 Washington Ave Date signed 2-2-42

(Licensed Embalmer's Statement on Reverse Side)

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 Vergil E Bergman

Licensed Embalmer No. 4018

P. O. Address St Louis Mo

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.