

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 8 3 1947

Primary Registration District No. 6076

Registrar's No. 927

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Mt. St. Rose San.
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")

(d) Street No. 4116 Cedarwood Ave.
(If rural, give location)

(e) Citizen of foreign country? _____
If yes, name country _____

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

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife Michael E. Tracy

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased October 14 1898
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1947 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from 4-10-47 to 4-25-47
that I last saw her alive on 4-25-47
and that death occurred on the date and hour stated above.

8. AGE: Years 48 Months 6 Days 11
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frank Burrows

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

14. Maiden name Lucinda Rutherford

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

16. (a) Informant Michael E. Tracy
(b) Address 4116 Cedarwood Ave.

17. (a) Burial (b) Date thereof 4/29/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.

19. (a) 4-29-47 (b) Lucinda Rutherford
(Date received local registrar) (Registrar's Signature)

Immediate cause of death Respiratory & Cardiac Failure

Due to Pulmonary Tuberculosis

Due to _____

Other conditions 134
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____

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

23. Signature George M. Tanaka (M. D. or other) _____
Address Mt. St. Rose Sanatorium Date signed 4/25/47

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

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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..... *Albert Mayfield*

Licensed Embalmer No..... *3077*

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, fact should be so stated above.