26146

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7308

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 12-hours (Specify whether

In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0 18

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6 5641 Hebert St. 9
(If rural, give location) 0

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

3. (a) PRINT FULL NAME William P. Tracey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Mary Tracey

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

7. Birth date of deceased Sept. 5th., ~~1868~~ 1876
(Month) (Day) (Year)

8. AGE: Years 70 ~~78~~ Months 10 Days 28 If less than one day hr. min.

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

10. Usual occupation Retired Foreman

11. Industry or business Swift Packing Co.

12. Name Patrick Tracey

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

14. Maiden name Unknown

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

MOTHER FATHER

16. (a) Informant's own signature Mr. John E. Tracey

(b) Address 5641 Hebert Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-47 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) AUG 5 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3rd., year 1947 hour 8 minute 15 a. M.

21. I hereby certify that I attended the deceased from August 21nd, 1947, to Aug 3, 1947; that I last saw him alive on 8-3-, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	3 days
Due to	
Due to	
Other conditions Cardio-vascular disease (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? (Specify type of place)

While at work? (e) Means of injury E

23. Signature Albert Kaplan (M. D. or other)

Address 607 N Grand Date signed 8-4-47

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-5-17-39
Rev. 5-17-39
I X19511

Albert Kaplan
Univ. Club Bldg.

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.

City of St.Louis)
) S.S.
State of Missouri)

Before me, John E.Corrigan a Notary Public in and of the City of St.Louis,State of Missouri, on this 22nd.,day of August 1947, Personally appeared William M.Tracey and John E.Tracey to me known and made oath that they are the Sons of William Tracey who died on the 3rd.,day of August 1947, and that the age given for for the burial certificate as 78 years is incorrect that his true and correct age according to his marriage certificate is 70 years, he was born Sept.5th.,1876.

Signed William M. Tracey

Signed John E. Tracey

Sworn to and subscribed before me this 22nd day of August 1947.

John E. Corrigan
Notary Public
St Louis Mo.

My Term Expires Nov 11th 1950.

S-26146