No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29596

Registration District No. 318

Primary Registration District No.

Registrar's No. 7960

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Anthony's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks (Specify whether

In this community Life, years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003

(a) State Missouri (b) County 0-0-0

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

(d) Street No. 4159 McDonald, (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 16

If yes, name country

3. (a) PRINT FULL NAME Oliver Chester Trackler

3. (b) If veteran, name war WW 1 and 2

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mary

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

7. Birth date of deceased July 23, 1898, (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
49	0	27	hr. min.

9. Birthplace St. Louis, Missouri, (City, town, or county) (State or foreign country) 0

10. Usual occupation Police Officer,

11. Industry or business

FATHER

12. Name Wm. Trackler 0

13. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Ella Wilson,

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

16. (a) Informant Marcus Trackler

(b) Address 534 N. Vandeventer

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/23/47 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Oscar J Hoffmeister

(b) Address 4016 Chippewa,

19. (a) AUG 22 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20 year 1947 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 3 9 1947 to Aug 20 1947 that I last saw him alive on Aug 20 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 day
Due to: Hypertension	5 yrs +
nephritis	5 yrs +
arteriosclerosis	5 yrs +
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy	

PHYSICIAN

Underline the cause of 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) 0

While at work? Means of injury

23. Signature Robert E Warner (M.D. or other) M.D.

Address Paul Brown Bldg Date signed Aug 22 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....Ernest W. Gillers

Licensed Embalmer No.....4020

P. O. Address.....

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.