V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 29 1947

Registration District No. 317

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3068

State File No. 36516

Registrar's No. 2200

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

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7540 Ellis Ave.
(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: St. Louis
(c) City or town: Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No.: 7540 Ellis Ave.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Harry E. Gracey
3. (b) If veteran, name war: no
3. (c) Social Security No.: 489-07-0744
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Rosie Hanes
6. (c) Age of husband or wife if alive: 53 years
7. Birth date of deceased: Feb (Month) 16 (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
54	9	0	....hr. ....min.

9. Birthplace: Alton (City, town, or county) Ill. (State or foreign country)
10. Usual occupation: General Foreman
11. Industry or business: Independent Packing Co.
MOTHER FATHER
12. Name: Harvey Gracey
13. Birthplace: unknown (City, town, or county) (State or foreign country)
14. Maiden name: Nancy Tatton
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Rosie Gracey
(b) Address: 7540 Ellis Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Oct. 18, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Lebanon Cemetery
18. (a) Signature of funeral director: Jay B. Smith
(b) Address: 7456 Manchester Ave.
19. (a) 10-20-47 (Date received local registrar) (b) Earl A. Sharp (Registrar's signature) M.D.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 16 year 1947 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from May 10, 1947, to Oct. 16, 1947; that I last saw him alive on Oct. 15th, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Liver	1 yr.
Due to: Carcinoma of Gall Bladder	?
Due to: 46 f.	
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)
While at work? ..... Means of injury .....
23. Signature: G. R. Schaeffer (M. D.)
Address: 634 N. Grand, St. Louis, Mo. Date signed: 10/16/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

OCT 28 1949

JUN 29 1951

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 Ray C Campbell

Licensed Embalmer No. 3881

P. O. Address Springfield Mass

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.