

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23200

State File No. \_\_\_\_\_

FILED JUN 26 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5687**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KIRKWOOD 4693</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BERNARD NURSING HOM 2</b>		d. STREET ADDRESS (If rural, give location) <b>116 N TAYLOR AVE</b>	

3. NAME OF DECEASED (Type or Print) <b>AMANDA MCCORMICK ADAMS TRACY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6-7-1953</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>AUG-26-1878</b>	9. AGE (In years last birthday)	10. MONTHS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and State or Foreign Country) <b>OLD SWEET SPRINGS VA</b>	12. CITIZENRY OF WHAT COUNTRY <b>USA</b>	

13a. FATHER'S NAME <b>ROBERT MCCORMICK ADAMS</b>	13b. MOTHER'S MAIDEN NAME <b>VIRGINIA</b>	14. NAME OF HUSBAND OR WIFE <b>PERCY W TRACY</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS LEMOINE SKINNER</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>		<b>36 hours</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Coronary thrombosis</b>		<b>36 hours</b>
	DUE TO (c) <b>Arteriosclerosis</b>		<b>Over 10 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Parkinson's Disease</b>	<b>Over 10 years</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4201</b>
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22. I hereby certify that I attended the deceased from **11-9-43**, to **6-7-**, 19**53**, that I last saw the deceased alive on **6-7-**, 19**53**, and that death occurred at **12:45 P.M.** from the causes and on the date stated above.

23a. SIGNATURE <b>David M. Skilling Jr.</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>18 South Kingshighway</b>	23c. DATE SIGNED <b>6-8-53</b>
24a. BURIAL; CREMATION; REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JUN-9-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OAK HILL CEM</b>	24d. LOCATION (City, town, or county) (State) <b>KIRKWOOD MO</b>

DATE REC'D BY LOCAL REG. <b>JUN 8 1953</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wesley H. Weber</b>	ADDRESS <b>Wesley H. Weber</b>
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(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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ronald O. Yehus

Licensed Embalmer No. 3917

P. O. Address St. Louis

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.