

FILED JAN 23 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3703**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **413**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE No. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 26 St. Louis Chronic Hospital		e. STREET ADDRESS (If rural, give location) 1107 Paul St.	
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Tracy Jr.	
c. (Last) Tracy Jr.		4. DATE OF DEATH (Month) (Day) (Year) January 12 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Jan. 10, 1885
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Retired Chauffeur	11. BIRTHPLACE (City and State or Foreign Country) Decatur or LaSalle, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Tracy	
13b. MOTHER'S MAIDEN NAME Catherine McNamee		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Marie Yeager		ADDRESS 7353 Leona Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 2 days. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease 4 yrs. DUE TO (c) Generalized Arteriosclerosis 4 yrs. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pt. Gluteal Decubitus 1 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION +200	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 16, 1954, to Jan. 12, 1958, that I last saw the deceased alive on Jan. 12, 1958, and that death occurred at 10:45 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John W. Beckham, M.D.		23b. ADDRESS 5800 Arsenal	
23c. DATE SIGNED 1/13/58			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1-15-58	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. JAN 13 58		REGISTRAR'S SIGNATURE Carl Smith, M.D.	
25. FORMAL DIRECTOR'S SIGNATURE Thomas Kutis		ADDRESS 2906 Gravois Ave.	

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.....
Signature of Student Embalmer

Signed *Leo J. Buddle*.....

Licensed Embalmer No. *3987*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.