DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 39701

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 2237

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

1. PLACE OF DEATH:
(a) County Co Louis
(b) City or town CLAYTON, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7210 NORTHMOOR DRIVE
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County ____
(c) City or town CLAYTON
(If outside city or town limits, write "RURAL")
(d) Street No. 7210 NORTHMOOR DRIVE
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME ARTHUR ERVIN TRACY
3. (b) If veteran, name war ____
3. (c) Social Security No. 493-07-6918
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased JUNE (Month) 27th (Day) 1882 (Year)
8. AGE: Years 58 Months 4 Days 29 If less than one day ____ hr. ____ min.
9. Birthplace VERMONT (City, town, or county) ____ (State or foreign country)
10. Usual occupation 1
11. Industry or business KANE-DUNBAU-KRAUSE SHOE CO. 5
FATHER
12. Name JOHN TRACY 1
13. Birthplace IRELAND (City, town, or county) ____ (State or foreign country)
MOTHER
14. Maiden name ELIZABETH CONNARY
15. Birthplace NEW HAMPSHIRE (City, town, or county) ____ (State or foreign country)
16. (a) Informant MISS. Zita Tracy
(b) Address 7210 Northmoor Drive
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-29-1940 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director L. M. Mullen
(b) Address 5165 DELMAR BLVD
19. (a) NOV 28 1940 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26 year 1940 hour 1-45 minute PM M.
21. I hereby certify that I attended the deceased from October 16, 1940 to Nov 26, 1940 that I last saw him alive on November 26, 1940 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Hemorrhage Cerebral | 8 hours |
| Malignant Hypertension | |
| Due to Acute Cardiac decompensation | 1 month 10 days |
| Due to Nephritis Chronic interstitial | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations 131 | |
| Of autopsy none | |

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 ____
23. Signature Louis N Kenny (M. D. or other) 11
Address 1303 N Kings Highway Date signed Nov 27-40

(Licensed Embalmer's Statement on Reverse Side)

Louis Terme
1303 N Kingshi

## 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 Howard G. Rowlan

Licensed Embalmer No. 3114

P. O. Address St Louis, M

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**