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 V. S. No. 2
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 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 23 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9434**

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. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 Days**
 (Specify whether
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... **Missouri** (b) County..... **17**
 (c) City or town..... **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **911 Market St**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **William Joseph Tracey**
 3. (b) If veteran, name war..... **Unknown**
 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced, **Unknown**
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **May 22 1880**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 5 17 hr. min.

9. Birthplace **New York** (City, town, or county) (State or foreign country)

10. Usual occupation **Rob. Washer**

11. Industry or business
 12. Name **Patrick Tracey**
 13. Birthplace **Ireland** (City, town, or county) (State or foreign country)
 14. Maiden name **Bridget Keefe**
 15. Birthplace **Ireland** (City, town, or county) (State or foreign country)

16. (a) Informant **ANN MORRISON**
 (b) Address **City Hospital**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **Nov 12 1942**
 (Month) (Day) (Year)
 (c) Place: burial or cremation **MEMORIAL PARK**

18. (a) Signature of funeral director **Paetz Brothers**
 (b) Address **3029 Lafayette Ave**

19. (a) **NOV 12 1942** (Date received local registrar) (b) **J. F. Bredeck** (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **November** day **8**
 year **1942** hour **11:05** minute **P.**
 21. I hereby certify that I attended the deceased from **November 6, 1942** to **November 8, 1942**;
 that I last saw him alive on **November 8, 1942**;
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Pulmonary Thrombosis
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months if death)
 Major findings:
 Of operations.....
 Of autopsy..... **Not done**

Duration
 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?
 While at work?..... (Specify type of place)
 (e) Means of injury.....
 23. Signature **William J. Park** (M. D. or other)
 Address **1515 Lafayette Avenue** Date **11/12/42**

WRITE PLAINLY--USE 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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed *Frank J. Quinn*.....

Licensed Embalmer No. *7245*.....

P. O. Address *St. Louis, Mo.*.....

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.