

FILED MAR 2 1943 318

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **ST. LOUIS.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST LOUIS CITY HOSP.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **MO** (b) County.....

(c) City or town..... **ST LOUIS.**
(If outside city or town limits, write "RURAL")

(d) Street No. **3675 S. BROADWAY.**
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME **SHIRLEY MAY TRACY**

3. (b) If veteran, name war..... **NO**

3. (c) Social Security No. **NO**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **17**
year **1943** hour..... minute **11** P. M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

4. Sex **FEMALE**

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 **AUG 13 1930**
(Month) (Day) (Year)

Immediate cause of death

Ether Anesthesia Acute Appendicitis While undergoing an Appendectomy at City Hospital on 2-17-43

Due to **excess time Anesthesia**

Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

12 6 0 hr. min.

9. Birthplace **ST LOUIS MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **SCHOOL GIRL**

11. Industry or business.....

12. Name **BYRON TRACY**

13. Birthplace **DE SOIR MO**
(City, town, or county) (State or foreign country)

14. Maiden name **ROSE ADLER**

15. Birthplace **AUSTRIA**
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **Rose Tracy**

(b) Address **3675 S. Broadway**

17. (a) **BURIAL** (b) Date thereof **FEB 20-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NEW ST. MARCUS CEM**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... **000**

(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.....

18. (a) Signature of funeral director.....
(b) Address **7128 Michigan**

19. (a) **FEB 19 1943**
(Date received local registrar)

J. F. Budeck
(Registrar's signature)

23. Signature.....
(M., D. or other)

Address..... Date signed **2/18/43**

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

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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.....

Joe C. Fendler Jr.

Licensed Embalmer No. *925*

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.