

FILED MAR 30 1945
Registration District No. 318

Primary Registration District No. 1003

State File No. _____

Registrar's No. 1212

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:
5715 Enright Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ 34 years
years, months or days

3. (a) PRINT FULL NAME GEORGE LEMEN TRACY

3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Daisy George Tracy 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased 9 17 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 4 20 hr. _____ min.

9. Birthplace Atchison Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Cashier

11. Industry or business City of St. Louis

12. Name Frank Tracy

13. Birthplace Unknown Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Butler

15. Birthplace Unknown U.S.A.
(City, town, or county) (State or foreign country)

16. (a) Informant George B. Tracy

(b) Address 5715 Enright Avenue

17. (a) Burial (b) Date thereof 2-7-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Boulevard

19. (a) FEB 7 1945 (Date received local registrar)
J. Bredesch (Registrar's signature)

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. 5715 Enright Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day Feb
year 1945 hour 8 minute PM

21. I hereby certify that I attended the deceased from Sept 5
1930, to Feb 20, 1945

that I last saw him alive on Feb 6, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chronic Myocarditis 15 yrs

Due to mitral leak 10 yrs

Due to 95

Other conditions Gall bladder stones
(Include pregnancy within 3 months of death)

Major findings: Drainage of Gall Bladder 1943

Of operations _____

Of autopsy no

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) (e) Means of injury 5

23. Signature J. P. Roman (M. D. or other)

Address 4903 Delmar Date signed 2/7/45

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

10
7
9

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..... *Thomas R. Remick*
Licensed Embalmer No. *3793*
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.