

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 3388

**FILED** APR 18 1946  
Registration District No. 818 Primary Registration District No. 1003

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

14170

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: Little Flower Retreat House, 2500 So  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 3 Yrs.  
In this community \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri, (b) County W.C.  
(c) City or town St. Louis, 2317  
(If outside city or town limits, write "RURAL")  
(d) Street No. 18th St., Little Flower Retreat House  
(Specify street location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frances Tracy  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 10th  
year 1946 hour 9:40 minute \_\_\_\_\_ P.M.

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 September 1, 1877.  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 30<sup>th</sup>, 1946 to April 10<sup>th</sup>, 1946  
that I last saw h. as alive on April 10<sup>th</sup>, 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
68 7 9 hr. \_\_\_\_\_ min.

Immediate cause of death: Coronary heart failure 5 days  
Duration

9. Birthplace St. Louis, Missouri,  
(City, town, or county) (State or foreign country)

Due to Chronic myocardial Disease  
Due to \_\_\_\_\_

10. Usual occupation At Home,

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name William J. Tracy,  
13. Birthplace Belleville, Illinois, /  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Brady,  
15. Birthplace Utica, N.Y. /  
(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 E.P. McCarthy,  
(b) Address 70<sup>th</sup> Olive St.,

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) Burial, (b) Date thereof 4/13/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery,

(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? \_\_\_\_\_

18. (a) Signature of funeral director Gebken-Benz Mortuary  
(b) Address 2842 Meramec St.,

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

19. (a) APR 12 1946 (b) J.F. Buleck  
(Date received local registrar) (Registrar's signature)

23. Signature Paul B. Webb, (M. D. or other) M.D.  
Address 1915<sup>a</sup> Sidney St. Date signed 4/12/46

**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 ME

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Lester E. Percy

Licensed Embalmer No. 4094

P. O. Address 7847 Melrose ST

**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.**