

FILED JAN 17 1947

318

Primary Registration District No.

1003

Registrar's No.

60

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Lukes 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 20 years
years, months or days Wash

3. (a) PRINT FULL NAME GRACE TRACY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife WALTER P. TRACY 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased JULY 29th 1880
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace NEW YORK STATE
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

MOTHER FATHER

12. Name R. H. HOLDENBECK

13. Birthplace NEW YORK STATE
(City, town, or county) (State or foreign country)

14. Maiden name MARY GAGAN

15. Birthplace NEW YORK STATE
(City, town, or county) (State or foreign country)

16. (a) Informant Walter P. Tracy

(b) Address 5645 CATES AVE

17. (a) Cremation (b) Date thereof 1/6/47
(Specify, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Richard J. Sore

(b) Address 617th Delmar St

19. (a) JAN 4 - 1947 (b) J. F. Bredece
(Date received local registrar) (Registrar's signature)

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. 5645 CATES AVE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3
year 1947 hour 1:30 minute A M.

21. I hereby certify that I attended the deceased from August 1943 to Jan 3 1947,
that I last saw him alive on Jan 2 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism
Duration 12 hr

Due to Chronic valvular heart disease 3 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92

Major findings:
Of operations _____

Of autopsy Pulmonary infarction
Valvular heart disease

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 0

Signature Walter P. Tracy (M. D. or other) _____

Address 3720 Washington Date signed 1-3-47

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

Emb separate Cert filed

JAN 4 - 1947

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.....

Licensed Embalmer No.....

P. O. Address.....

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.