

S. No. 2
I-17/47
5-17-39

FILED DEC 22 1947

318

1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County..... **St. Louis, Missouri**

(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..... **Firmen Desloge Hospital**
(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..... **Missouri** (b) County..... **000**

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

(d) Street No. **5184 Page Ave.**
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME..... **Caroline Tracy**

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

4. Sex..... **Female** 5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Widowed**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **October 1 1846**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **December** day..... **11**
year..... **1947** hour..... **12** minute..... **30** A.M.

21. I hereby certify that I attended the deceased from..... **November 30**
19..... **1947** to..... **December 11** 19..... **1947**

that I last saw her alive on..... **December 10** 19..... **1947**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Seizure**

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

101 **2** **10** hr. min.

Due to..... **Contributory factor in death: max fracture below**

Due to.....

Other conditions..... **Transverse fracture of mid shaft of left femur**
(Include pregnancy within 3 months of death)

Major findings: **12/11/47**
Of operations..... **10**

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

10. Usual occupation..... **At Home**

Underline the cause of which death should be charged statistically.

Duration..... **10 days**

PHYSICIAN.....

MOTHER FATHER

11. Industry or business.....

12. Name..... **Charles Kernan**

13. Birthplace..... **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Frances Fernbach**

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

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

(a) accident, suicide, or homicide (specify)..... **accident fall**

(b) Date of occurrence..... **11-30-47**

(c) Where did injury occur?..... **St. Louis**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... **home**
(Specify type of place)

While at work?..... **no** (e) Means of injury..... **fall**

16. (a) Informant..... **Bertha Tracy**
(b) Address..... **5184 Page Ave.**

17. (a) **Burial**
(Burial, cremation, or removal) (b) Date thereof..... **12-13-47**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary Cemetery**

23. Signature..... **D. W. Kelly** (M. D. or other)..... **M.D.**

Address..... **Firmen Desloge Hosp.** Date signed..... **12-11-47**

18. (a) Signature of funeral director..... **Chas. J. Stegert**
(b) Address..... **1225 21st near Blvd.**

19. (a) Date received by Registrar..... (b) Registrar's signature..... **J. J. Braxton**

WRITE PLAINLY—USING 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 _____

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

Signed Ernest W. Spillers
Licensed Embalmer No. 4080

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.