

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16683

State File No. ....

No. 300  
10-48

**DEED MAY 9 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1200

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wellston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton ? 4002</u>	
c. LENGTH OF STAY (in this place) <u>18 days</u>		d. STREET ADDRESS (If rural, give location) <u>Conway and Spodee Roads</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mother</u> b. (Middle) <u>Mary</u> c. (Last) <u>Tracy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 28, 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Oct. 26, 1880</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Religious</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Teaching</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Covington, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Frank Tracy</u>		13b. MOTHER'S MAIDEN NAME <u>JULIA AYLWARD</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mother Margaret Murphy</u> ADDRESS <u>Same address as above.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>			DUE TO (b) <u>Cardiac Failure</u>			4 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Chronic cardiovascular disease</u>						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 4-10-, 1953, to 4-28-53, 19    , that I last saw the deceased alive on 4-28-, 1953, and that death occurred at 4:20 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F.F. Nateschets No. Dr. 0</u>		23b. ADDRESS <u>7301 St. Charles Rock Rd.</u>		23c. DATE SIGNED <u>4/28/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 30, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>HERBERT R. DOMBE MO</u> ADDRESS <u>DONNELLY UND. CO. 3840 LINDELL</u>			
DATE REC'D BY LOCAL REG. <u>4-28-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke MO</u>			

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

000  
0

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3565

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.