

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44081

State File No. _____
Registrar's No. 11969

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>St. Louis</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>3531a Humphrey.</u>		e. STREET ADDRESS (If rural, give location) <u>3531a Humphrey</u> <u>2169</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William T.</u> b. (Middle) <u>Trackler</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 29, 1954</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 11, 1879</u>	9. AGE (In years last birthday) <u>75</u>	10. MONTHS	11. YEARS	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. 2 yrs</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME <u>William Trackler</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Unk.</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Trackler</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Margaret Trackler 3531a Humphrey</u>			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?		
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22: I hereby certify that I attended the deceased from Jan 18, 1954 to 12-29, 1954 that I last saw the deceased alive on 12-28, 1954, and that death occurred at 12:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph E. Caney MD</u>		23b. ADDRESS <u>906 Olive St</u>		23c. DATE SIGNED <u>12-31-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>1-3-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Lemay 23, Mo.</u>		
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DATE REC'D BY LOCAL REG. <u>JAN 3 1955</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Southern Funeral Home 6322 S. Grand Bly. St. Louis, Mo.</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DR CARNEY
FRISCO
867

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.....
Signature of Student Embalmer

Signed *David Van Fossan*.....

Licensed Embalmer No. *4247*

P. O. Address *1327 607*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.