

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10306

FILED APR 5 1955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2784**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Mo.** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town?  
Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **3442 Louisiana Ave.**

STREET ADDRESS (If rural, give location)  
**16 3442 Louisiana Ave. 216 9/10**

3. NAME OF DECEASED  
a. (First) **JAMES** b. (Middle) **P.** c. (Last) **TRACY**

4. DATE OF DEATH (Month) (Day) (Year)  
**Mar. 28 1955**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**Married**

8. DATE OF BIRTH  
**Mar. 26, 1884**

9. AGE (In years last birthday) **71**

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Printer-Waxite Co.**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)  
**St. Louis, Mo.**

12. CITIZEN OF WHAT COUNTRY?  
**U.S.A.**

13a. FATHER'S NAME  
**Patrick Tracy**

13b. MOTHER'S MAIDEN NAME  
**Mary Powers**

14. NAME OF HUSBAND OR WIFE  
**Annie Tracy**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)  
**No**

16. SOCIAL SECURITY NO.  
**None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**Annie Tracy 3442 Louisiana Ave.**

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Carcinoma of the Lung**  
  
ANTECEDENT CAUSES  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?  
**163X**

22. I hereby certify that I attended the deceased from **1934** to **March 28, 1955**, that I last saw the deceased alive on **March 24, 1955**, and that death occurred at **6:40A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
**D. Stedell**

23b. ADDRESS  
**4149 N. Newstead**

23c. DATE SIGNED  
**March 28 1955**

24a. BURIAL CREMATION REMOVAL (Specify)  
**Burial**

24b. DATE  
**Mar. 30, 1955**

24c. NAME OF CEMETERY OR CREMATORY  
**Calvary Cemetery**

24d. LOCATION (City, town, or county) (State)  
**St. Louis, Mo.**

DATE REC'D BY LOCAL REG.  
**MAR 28 1955**

REGISTRAR'S SIGNATURE  
**Carl Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**Kriegshauser 4228 S. Kingshighway Bl.**

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 ....., Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *William A. White* .....

Licensed Embalmer No. *4291*

P. O. Address *5228 N. King*

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.