

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015861
STATE FILE NUMBER
2 3573

Registration District No. Primary Registration District No. Registrar No.

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Inside Limits Yes No

c. CITY OR TOWN **St. Louis** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **768 Clara Ave** Length of stay in lb **Life (77yrs)**

d. STREET ADDRESS (If outside, give location) **768 Clara Ave** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Daniel Francis Tracy**

4. DATE OF DEATH Month Day Year **April 8, 1959**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH **Dec. 15, 1881** 9. AGE (In years last birthday) **77** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Machinist** 10b. KIND OF BUSINESS OR INDUSTRY **Terminal R.R.** 11. BIRTHPLACE (City and state or country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Patrick Tracy** 13b. MOTHER'S MAIDEN NAME **Mary (Unknown)** 14. NAME OF HUSBAND OR WIFE **Edna L. Tracy**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT Address **Mrs Edna L. Tracy 768 Clara Ave**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **BRONCHIAL ASTHMA** INTERVAL BETWEEN ONSET AND DEATH **2 yrs**
DUE TO (b) **Arteriosclerotic**
DUE TO (c) **Heart Disease** **6 yrs**
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **None** 19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **420.0**

20c. TIME OF INJURY Hour **4:00 p.m.** Month, Day, Year

20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **April 1-59** to **April 8-59** and last saw him **April 8-59** Death occurred at **420.0** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Type or print name and degree or title) **Francis J. Kessler** 22b. ADDRESS **4119 W. Florissant** 22c. DATE SIGNED **4/19/59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **4/11/59** 23c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 23d. LOCATION (City, town, or county) **St. Louis, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Alexander & Sons 6175 Delmar Blv** 25. DATE RECD. BY LOCAL REG. **APR 10 59** 26. REGISTRAR'S SIGNATURE **Carl Smith, M.D.**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification
All diseases in Part I must be causally related.

300
1-57
2
0

Dr. Francis J. Medler
4114 W. Florissant Ave
Ev. 1-2783

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 *Jos. E. McCullon*
Licensed Embalmer No. *2460*
P. O. Address *6130 Elm*

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.