

P. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
U. S. GOVERNMENT PRINTING OFFICE  
MAY 27 1946  
STANDARD CERTIFICATE OF DEATH

State File No. **18578**  
Registrar's No. **4412**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1517 Pendelton St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3yrs. (Specify whether  
In this community 3yrs.  
years, months or days)

3. (a) PRINT FULL NAME Dorothy Kelly  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Preston Kelly 6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased July 20, 1907  
(Month) (Day) (Year)

8. AGE: Years 38 Months 21 Days 21 If less than one day hr. min.

9. Birthplace ? Louisiana (City, town, or county) (State or foreign country)  
10. Usual occupation Unemployed

11. Industry or business \_\_\_\_\_  
12. Name Eli Nelson  
13. Birthplace ? Louisiana (City, town, or county) (State or foreign country)  
14. Maiden name Maggie Humphy  
15. Birthplace ? Louisiana (City, town, or county) (State or foreign country)

16. (a) Informant Burial (b) Address 1517 Pendelton  
(c) Place: burial or cremation Washington Park  
17. (a) Burial (b) Date thereof 5/18/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dement and Son  
(b) Address 2631 Cole St.  
19. (a) MAY 16 1946 J. F. Bredek  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 11/7  
(d) Street No. 1517 Pendelton St. (If rural, give location) 9  
(e) Citizen of foreign country? No. (Yes or No) 10  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1946 hour 7 minute 0 M.  
21. I hereby certify that I attended the deceased from May 7 1946 to May 11 1946  
that I last saw her alive on May 11 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 hr.  
Due to obesity  
Due to GH  
Other conditions GH  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy none  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0  
23. Signature M. J. Mawdsley (M. D. or other) 0  
Address 4330 a Gaston Date signed 5/13/46

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

---

---

**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..... *W. Claude Gordon* .....

Licensed Embalmer No. *3489* .....

P. O. Address..... *City* .....

**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.**