S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 22 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19011

Registration District No. 318 Primary Registration District No. Registrar's No. 4842

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 39 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003
(a) State Missouri (b) County 22
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2321 Chouteau (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hortense Kelly
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward Kelly
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased March (Month) 21 (Day) 1908 (Year)

8. AGE: Years	Months	Days	If less than one day
39	1	20	hr. min.

9. Birthplace ST. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Granville Watson
13. Birthplace (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Hawkins
15. Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant Edward Kelly
(b) Address 2321 Chouteau
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Dunn Funeral Home
(b) Address 215 So Jefferson
19. (a) MAY 13 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1947 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from 5-4, 1947 to 5-11, 1947; that I last saw her alive on May 11, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Cardio-vascular Disease with Decompensation. 2. Malignant Hypertension ~~xxxx~~ with Uremia.

Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

Duration: Undet.

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Edw. B. Williams (M. D. or other)
Address 2601 N Whittier St Date signed 5/12/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed S. J. Watson

Licensed Embalmer No. 269

P. O. Address 276 Chouteau

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.