. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 31 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

43026

State File No.

Registrar's No. 11513

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3151 Brantner Pl 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Gertrude Ford
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Feml 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Thomas
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased June (Month) 22 (Day) 1892 (Year)

8. AGE: Years 55 Months 5 Days 21 If less than one day hr. min.

9. Birthplace Louisville (City, town, or county) Ky (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name A. Watkins
13. Birthplace Louisville (City, town, or county) Ky (State or foreign country) 1
14. Maiden name Annie unk
15. Birthplace Louisville (City, town, or county) Ky (State or foreign country) 1

16. (a) Informant Thomas D. Ford
(b) Address 3159 Brantner Place
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Barracks (national)
18. (a) Signature of funeral director J. H. Randle & Son
(b) Address 3133 Bell ave
19. (a) DEC 17 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13 year 1947 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from Dec. 8, 1947 to Dec. 13, 1947 that I last saw her alive on Dec. 13, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Hypertensive Cardiovascular Disease with Decompensation — Undet.
Due to
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

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) 0
While at work?
(e) Means of injury

23. Signature Oscar F. Daniels (M. D. or other)
Address 2601 N Whittier Date signed 12/15/47

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

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 A

P. O. Address 2769 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.