DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31042

Registration District No. REC'D OCT 14 1939 791 1003

Primary Registration District No.

Registrar's No. 8105

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3212 Laclede Ave. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 1 (b) County St. Louis 18

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3212 Laclede Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Dorothy Nebbitt 130

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col.

6. (a) Single, widowed, married, divorced Separated

6. (b) Name of husband or wife Charles Nebbitt

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 35 | Months | Days | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife 9

11. Industry or business 9

FATHER
12. Name George Kates
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emmaline Swift
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Katherine Nebbitt
(b) Address 3212 Laclede ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-39 (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director E. L. Garner
(b) Address 2829 Washington Ave.

19. (a) SEP 20 1939 (Date received local registrar) (b) J. B. Braddick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 14
year 39 hour 6 minute P M.

21. I hereby certify that I attended the deceased from 7/1, 1939 to 9/14, 1939
that I last saw her alive on 9/14/, 1939
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary T. B.	3 yrs.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Vaughn C. Payne (M. D. ~~or other~~)
Address 3146 a Laclede Date signed 9/20/39

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 8-17-39 I X19511

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 Arthur L. Hilliard

Licensed Embalmer No. 3389

P. O. Address 3028 Dickson

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, above space should be left blank.