S. No. 2
—11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23557

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6002

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: En route To Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 2 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St Louis
(c) City or town: St Louis Mo. 17 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 3961 Cook Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: NORMAN NESBITT 213
3. (b) If veteran, name war: No
3. (c) Social Security No. 488-05-8388
4. Sex: Male
5. Color or race: Col
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Evlyn Nesbitt
6. (c) Age of husband or wife if alive: 25 years
7. Birth date of deceased: Dec, 6th (Month) (Day) 1905 (Year)
8. AGE: Years 34 Months 7 Days 9 If less than one day ____ hr. ____ min.
9. Birthplace: Brinkley (City, town, or county) Ark (State or foreign country) 1
10. Usual occupation: Freight Picker
11. Industry or business: Rock Island R.R.
FATHER 12. Name: John Nesbitt
13. Birthplace: ? (City, town, or county) Miss. (State or foreign country) 1
MOTHER 14. Maiden name: Amanda Jeffery
15. Birthplace: Holly Springs (City, town, or county) Miss. (State or foreign country) 1
16. (a) Informant: Evelyn Nesbitt
(b) Address: 3961 Cook Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-21-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park Cem.
18. (a) Signature of funeral director: Ellis Funeral Home
(b) Address: 2820 Stoddard St.
19. (a) JUL 17 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1940. hour 9 minute 43 A.M.
21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h. alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage Fractured Sternum Fracture 4th rib Injury when deceased was crushed by engine Wh was being removed from
Due to: back to Bodega about 9:43 AM July 15 1940
Other conditions: Collied Street between O'Fallon and Dickson
(Including injury within 3 months of death)
Duration
Major findings:
Of operations: 1 6
Of autopsy: 9

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): Accident
(b) Date of occurrence: July 15 1940
(c) Where did injury occur? St Louis Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place Industry (Specify type of place)
While at work? Yes (e) Means of injury: Crushed
23. Signature: Joseph M. Lebow (M. D. or other)
Address: Bypass Mo. Date signed 5

(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~~ L. Boy

....., Registered Apprentice No. Myself

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St. Louis M

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.