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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26641

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6433

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

88 488-18-7917

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 3 Days (Specify whether
In this community 30 Yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 3921 West Belle
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Erving Nesbit

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Male 2

5. Color or race Col.

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Carrie Nesbit

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased April (Month) 5 (Day) 1880 (Year)

8. AGE: Years 61 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Okalona (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation Barber

11. Industry or business Hickman & Hall

FATHER
12. Name Major Nesbit
13. Birthplace Unkn. (City, town, or county) Miss. 1 (State or foreign country)

MOTHER
14. Maiden name Unk. Unk.
15. Birthplace Unk. (City, town, or county) Unk 9 (State or foreign country)

16. (a) Informant Carrie Nesbit
(b) Address 3921 West Bell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-41 (Month) (Day) (Year)
(c) Place: burial or cremation Wash. Park

18. (a) Signature of funeral director C. T. Nash
(b) Address 3847 Page Blvd.

19. (a) AUG -6 1941 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4 year 1941 hour 12 minute 20 A. M.

21. I hereby certify that I attended the deceased from August 1, 1941, to August 4, 1941, that I last saw him alive on August 4, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Ht. Disease with Hemiplegia caused by	3 Days
Due to cerebral hemorrhage	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 H. J. Erwin (M. D. or other) AD
Address 2601 Whittier Date signed 8/5/41

(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

At 3847 Page, Registered Apprentice No.

working under my personal supervision.

Signed C. J. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page Blvd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.