No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 23 1948 318

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24569

Registrar's No. 6362

1. PLACE OF DEATH:
(a) County
(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: FIRMIN DESLOGE HOSP. (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 (b) County ST. LOUIS
(c) City or town RICHMOND HEIGHTS (If outside city or town limits, write "RURAL")
(d) Street No. 7701 THOMAS AV. (If rural, give location)
N.R.
(e) Citizen of foreign country? NO. — (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY ANN NESBIT
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased AUGUST (Month) 13 (Day) 1908 (Year)

8. AGE: Years 39 Months 11 Days 3 If less than one day hr. min.

9. Birthplace ILLINOIS (City, town, or county) (State or foreign country)
10. Usual occupation SUPERVISOR.
11. Industry or business PENCIL MFG. CO.
MOTHER FATHER
12. Name THOMAS NESBIT
13. Birthplace ILLINOIS (City, town, or county) (State or foreign country)
14. Maiden name NELLIE BERRY
15. Birthplace ILLINOIS (City, town, or county) (State or foreign country)
16. (a) Informant MRS. NELLIE NESBIT
(b) Address 7701 THOMAS AV.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 19 1948 (Month) (Day) (Year)
(c) Place: burial or cremation RESURRECTION CEM.
18. (a) Signature of funeral director M. J. Croghan & Sons
(b) Address 7146 MANCHESTER AV.
19. (a) JUL 19 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1948 hour 10 minute 30 M.
21. I hereby certify that I attended the deceased from March 26, 1948, to July 16, 1948, that I last saw her alive on July, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma Brain + general metastasis	
Due to: Carcinoma Breast - Primary site	
Due to:	
Other conditions (Include pregnancy within 3 months of death): BD	
Major findings: Of operations: Carcinoma Breast	
Of autopsy:	

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 W. E. Leighton (M. D. or other)
Address 3720 Washington Blvd Date signed 7/17/48

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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address.....

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.