

No. 500  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11145**  
Registrar's No. **764**

FILED MAR 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069**

1. PLACE OF DEATH a. COUNTY <b>St. Marys Hosp.</b> <b>St. Louis Mo.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Heights</b>	c. LENGTH OF STAY (in this place) <b>3 WKS.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webster Groves</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>312 Atlanta Ave.</b>	

3. NAME OF DECEASED (Type or Print) <b>John Kevin Nisbet</b>			4. DATE OF DEATH <b>March 20 1952</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Baby Boy</b>	8. DATE OF BIRTH <b>March 2 1952</b>	9. AGE (In years last birthday) <b>18</b>	IF UNDER 1 YEAR <b>Days</b>	IF UNDER 24 HRS. <b>Hours</b>	IF UNDER 2 HRS. <b>Min.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baby</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>George Nisbet</b>	13b. MOTHER'S MAIDEN NAME <b>Arley Davidson</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>George Nisbet</b>
		ADDRESS <b>312 Atlanta Ave.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>18 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>congenital heart disease, type undetermined</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>aspiration pneumonia</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>7544</b>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **3/19**, 19**52**, to **3/20**, 19**52**, that I last saw the deceased alive on **3/20**, 19**52**, and that death occurred at **1:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Francis J. Weisman, M.D.</b>	23b. ADDRESS <b>6901 Plymouth</b>	23c. DATE SIGNED <b>3/21/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/22/1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>

DATE REC'D BY LOCAL REG <b>3-27-52</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. Boblage</b>	ADDRESS <b>6536 Clayton St.</b>
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SW (Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*John J. Haines*

Licensed Embalmer No. 4108

P. O. Address St. Louis, Mo

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.