RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 29 1959

59-034139

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 8598

NDED

1. PLACE OF DEATH
a. COUNTY: ~~St. Louis~~
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Johns Hosp
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: ~~St. Louis~~
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3137 Brantner
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: James Middle: Last: Nesbitt
4. DATE OF DEATH: Month 9 Day 14 Year 59
5. SEX: M
6. COLOR OR RACE: W
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-12-1916
9. AGE (last birthday): 43
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Private Family
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Cublake, Miss.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Jim Nesbitt
13b. MOTHER'S MAIDEN NAME: Anna
14. NAME OF ~~HUSBAND~~ OR WIFE: Francis Nesbitt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 428-206009
17. INFORMANT: Francis Nesbitt Address: 3137 Brantner Pl.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) (1) Saddle Thrombus – Pulmonary Embolus – site of origin unknown
INTERVAL BETWEEN ONSET AND DEATH: 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) (2) Terminal Carcinoma – of Stomach
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): none
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ neither
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. NONE Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1959, to Sept. 59 and last saw ~~him~~ her alive on Sept. 11, 1959
Death occurred at 7 AM 9-14-59 m on the date stated above, and to the best of my knowledge, from the causes stated. 9-17-59

22a. SIGNATURE (Degree or title): William F. Mallette, M.D.
22b. ADDRESS: 307 S Euclid St. Louis Mo
22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-21-59
23c. NAME OF CEMETERY OR CREMATORY: Washington Park
23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

24. FUNERAL DIRECTOR: E. B. Koonce ADDRESS: 1221 North Grand
25. DATE RECD. BY LOCAL REG.: SEP 17 '59
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. E.P.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Clarence Crooms

Signature of Student Embalmer

Licensed Embalmer No. 5755

P. O. Address 1221 North

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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