

FILED DEC 3 1943

1003

Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(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

3. (a) PRINT FULL NAME Hugh A. Nesbit.

3. (b) If veteran, name war unknown 3. (c) Social Security No. unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Marie Clifton Nesbit. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 16 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 7 2 hr. min.

9. Birthplace Mound City, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Manufacturer, Nesbit Fruit Produce Co.

11. Industry or business _____

12. Name Porter Nesbit.

13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Smith.

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. Kelso.

(b) Address Chicago, Illinois

17. (a) Removal Removal (b) Date thereof 11-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Detroit, Michigan

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) NOV 18 1943 (b) J.F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County 999
(c) City or town Los Angeles NR
(If outside city or town limits, write "RURAL")
(d) Street No. 2941 East 11th St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 9.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18th
year 1943 hour _____ minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Basal Fracture of Skull
Sub-dural Hemorrhage of Brain
Sub-gracineid Hemorrhage of Brain
Due to During altercation with one
Bertrand Cook, who Cook struck
him with his fist and knocked
him to the floor in the lobby
of Jefferson Hotel about 12:00 am.
Of course (Include agencies within 3 months of death)
11-18-43

Major findings: 168
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) Excusable Homicide
(b) Date of occurrence 11-18-43
(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?
Jefferson Hotel
While at work _____ (Specify type of place)
Means of injury fall
23. Signature Clifford Henry (M. D. or other)
Address Capitol Date signed 11/19/43

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

MOTHER FATHER

MAR 33 1944

Funeral Home

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 Broford A. Miles

Licensed Embalmer No. 2901

P.O. Address University City - 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.