

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

REG. 6-17-39 I X1981

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 121

1. PLACE OF DEATH: (a) County St. Louis (b) City or town Koch (Rural) (c) Name of hospital or institution Robt. Koch Hosp. (d) Length of stay: In hospital or institution 3 1/2 years In this community 19 years

3. (a) PRINT FULL NAME Velma Nisbett 213 (b) If veteran, name war None (c) Social Security No. (4) Sex Female (5) Color or race White (6) (a) Single, widowed, married, divorced Divorced (6) (b) Name of husband or wife Roy Nisbett (6) (c) Age of husband or wife if alive 32 years (7) Birth date of deceased Oct 23 1915

8. AGE: Years 24 Months 2 Days 23 If less than one day hr. min.

9. Birthplace Eldon Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Waitress

11. Industry or business

MOTHER FATHER { 12. Name Charles Rohy (13) Birthplace Eldon Mo. (14) Maiden name Tillie Hoopie (15) Birthplace Franklin City Mo.

16. (a) Informant's own signature Herbert S. Miller (b) Address Koch Mo.

17. (a) Burial (b) Date thereof 1-19-40 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriesshaker Mortuaries (b) Address 4228 So. Kingshighway Blvd. St. Louis

19. (a) JAN 17 1940 (Date received local registrar) (b) R. M. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County (c) City or town St. Louis (d) Street No. 1013 Waldon (e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION 20. DATE OF DEATH: Month Jan day 16 year 1940 hour 1 minute 10 A.M. 21. I hereby certify that I attended the deceased from 7-1-1939 to 1-16-1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pulm. Tuberculosis Duration 4

Due to 23 Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

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? (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. While at work? (Specify type of place) (e) Means of injury 28. Signature Herbert S. Miller (M. D. certifier) Address Koch, Mo. Date signed 1-16-40

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.....
.....
working under my personal supervision.

Edmund

Registered Apprentice No.
Signed *Edmund M. Dermott*
Licensed Embalmer No. *3024*
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, above space should be left blank.