Health, & Welfare Public Service

S. 300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38627
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 2578

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Webster Groves — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 127 S. Jefferson — Length of stay in 1b: At home

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Webster Groves 4597 — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 127 S. Jefferson Rd. — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First EDITH Middle NESBITT Last CROWSON

4. DATE OF DEATH: Month Oct. Day 17, Year 1957

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐

8. DATE OF BIRTH: Aug. 1, 1865

9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (City and state or country): Polo, Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George W. Nesbitt

14. MOTHER'S MAIDEN NAME: Mary Cates

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: Mrs. A. H. Leonard 127 Jefferson Rd.

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): Arteriosclerotic Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 4221

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Arteriosclerotic gangrene right leg, mid thigh, amputation July 22, 1955.

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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. 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 April, 1950, to Oct. 17, 1957 and last saw her ~~him~~ alive on Oct. 2, 1957
Death occurred at 12:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. A. Goodrich M.D.

22b. ADDRESS: 19 E. Lockwood Ave., Webster Groves 19, Mo.

22c. DATE SIGNED: Oct. 18, 1957

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10-19-57

23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cem.

23d. LOCATION (City, town, or county) (State): Kirkwood, Mo.

24. FUNERAL DIRECTOR ADDRESS: Parker-Aldrich Webster Groves

25. DATE RECD. BY LOCAL REG.: 10-19-57

26. REGISTRAR'S SIGNATURE: Herbert R. Domke, M.D.

(Licensed Embalmer's Statement on Reverse Side)

JUL 28 1958

JUL 15 1958

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leslie Holeh

Licensed Embalmer No. 432

P. O. Addr Webster Gro

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply 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.