

Registration District No. \_\_\_\_\_ 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: Depaul 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 Infant Napier.

3. (b) If veteran, name war. No

3. (c) Social Security No. None

4. Sex MO 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 20, 1946  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 14 hr. \_\_\_\_\_ min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Herbert Napier

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

14. Maiden name Marjory Milster

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

16. (a) Informant Herbert Napier

(b) Address Ferguson, Mo.

17. (a) Burial (b) Date thereof Dec. 21/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.,

18. (a) Signature of funeral director. Jos. W. Clark

(b) Address 1125 Hodiament Ave.

19. (a) DEC 21 1946 (b) J. F. Brinck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Ferguson,  
(If outside city or town limits, write "RURAL")

(d) Street No. 7549 Rolles Ave.,  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20  
year 1946 hour 1.00 minute P.M. M.

21. I hereby certify that I attended the deceased from 12-19  
1946, to 12-20, 1946  
that I last saw him alive on 12-20, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of Adrenal Glands

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 761

Major findings: Of operations \_\_\_\_\_

Of autopsy SAME

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) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

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

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
\_\_\_\_\_ (Specify means of injury)

23. Signature Mitchell H. Simon (M. D. certifier)  
Address H. O. N. Flannan Ferguson Dec. 21-46

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

DR, Matchel Johnson  
Ferguson, Mo.

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**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.

( No Embalming )

Signed..... *Joe W. Ueber*

Licensed Embalmer No..... 2661

P. O. Address..... 1125 Hodiament Ave.,

**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.**