

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

37977

**1. PLACE OF DEATH**

County..... Registration District No.....  
 Township..... Primary Registration District No.....  
 City St. Louis Mo (No. City Hospital # 2).....

File No.....  
 Registered No. 10886  
 St..... Ward.....

**2. FULL NAME**

Napoleon Fluker  
 (a) Residence, No. 15309 Patterson St., 13 Ward.  
 (Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>Coc</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-22-1900</u>		
7. AGE	YEARS <u>32</u>	MONTHS <u>8</u>
	DAYS <u>1</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... <u>laborer 237</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Genoa 2</u>		
FATHER	13. NAME <u>Jack Fluker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Genoa</u>	
MOTHER	15. MAIDEN NAME <u>Martha Johnson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Genoa</u>	
17. INFORMANT (ADDRESS) <u>A Detonde (death) City Hospital # 2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Patterson Field</u> DATE <u>12-9-1932</u>		
19. UNDERTAKER (ADDRESS) <u>American Funeral Home 7444 Pine</u>		
20. FILED <u>DEC - 11 1932</u> <u>W. C. Fluker</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-23-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-20, 1932, to 11-23, 1932.  
 I last saw him alive on 11-23, 1932. Death is said to have occurred on the date stated above, at 12:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
1218 acute appendicitis 10 days  
 Other contributory causes of importance:  
121  
 Name of operation..... Date of.....  
 What test confirmed diagnosis Ch. Lit Was there an autopsy? 20  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.....  
 Manner of injury.....  
 Nature of injury.....  
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify Chronic  
 (Signed) Chronic, M. D.  
 (Address) City Hospital # 2

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

S. NO. 2

