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

Do not use this space.

41407

1934 Apr 26

1. PLACE OF DEATH

County ..... Registration District No. 1101

Township ..... Primary Registration District No. 1108

City St Louis (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 104100

2. FULL NAME Mrs. Sarah Napier

(a) Residence, No. 5578 Pershing Ave. 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	~~J. F. Napier~~ Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. F. Napier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12th 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	75	11	20	

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. —

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) Illinois

FATHER

13. NAME John Morgan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Anna Ursh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT W. R. C. Mallory
(ADDRESS) 7360 Melrose Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Griggsville Ill. DATE Dec. 5, 1933

19. UNDERTAKER Shaffer
(ADDRESS) 4355 Washington Blvd.

20. FILED DEC 5 1933, 19..... J. P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 1933

I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1933, to Dec. 2, 1933

I last saw h. alive on Dec 2, 1933. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
55 Cancer antrum highmore 1 yr	
13A	
Other contributory causes of importance:	
Acute myocarditis	1 day

Name of operation none Date of .....

What test confirmed diagnosis? Laboratory Was there an autopsy? No

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? No

If so, specify .....

(Signed) H. H. Helling, M. D.

(Address) 4963 Fountain Ave.

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.

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