

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.

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

Do not use this space.

34234

OCT 11 1934

1. PLACE OF DEATH
 County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City *St. Louis* (No. *St. Mary Infirmary*) St. Ward.....
 2. FULL NAME *Napes, Major*
 (a) Residence, No. *2111 Wash* St. *21* Ward.....
 (Usual place of abode)
 Length of residence in city or town where death occurred 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 *M* 4. COLOR OR RACE *C* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *minor*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 16-1926*

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>8</i>	<i>5</i>	<i>23</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Students*

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) *St. Louis, Mo.*

FATHER

13. NAME *Wm. Napes*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Louisiana*

MOTHER

15. MAIDEN NAME *Archeria Darsey*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Greenville Miss.*

17. INFORMANT *Archeria Darsey Napes*
 (ADDRESS) *2111 Wash St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Pk* DATE *8-10* 1934

19. UNDERTAKER *James Funeral Home*
 (ADDRESS) *4734 Sheridan*

20. FILED *20* *J. Brebeck* Registrar.

2 MEDICAL CERTIFICATE OF DEATH

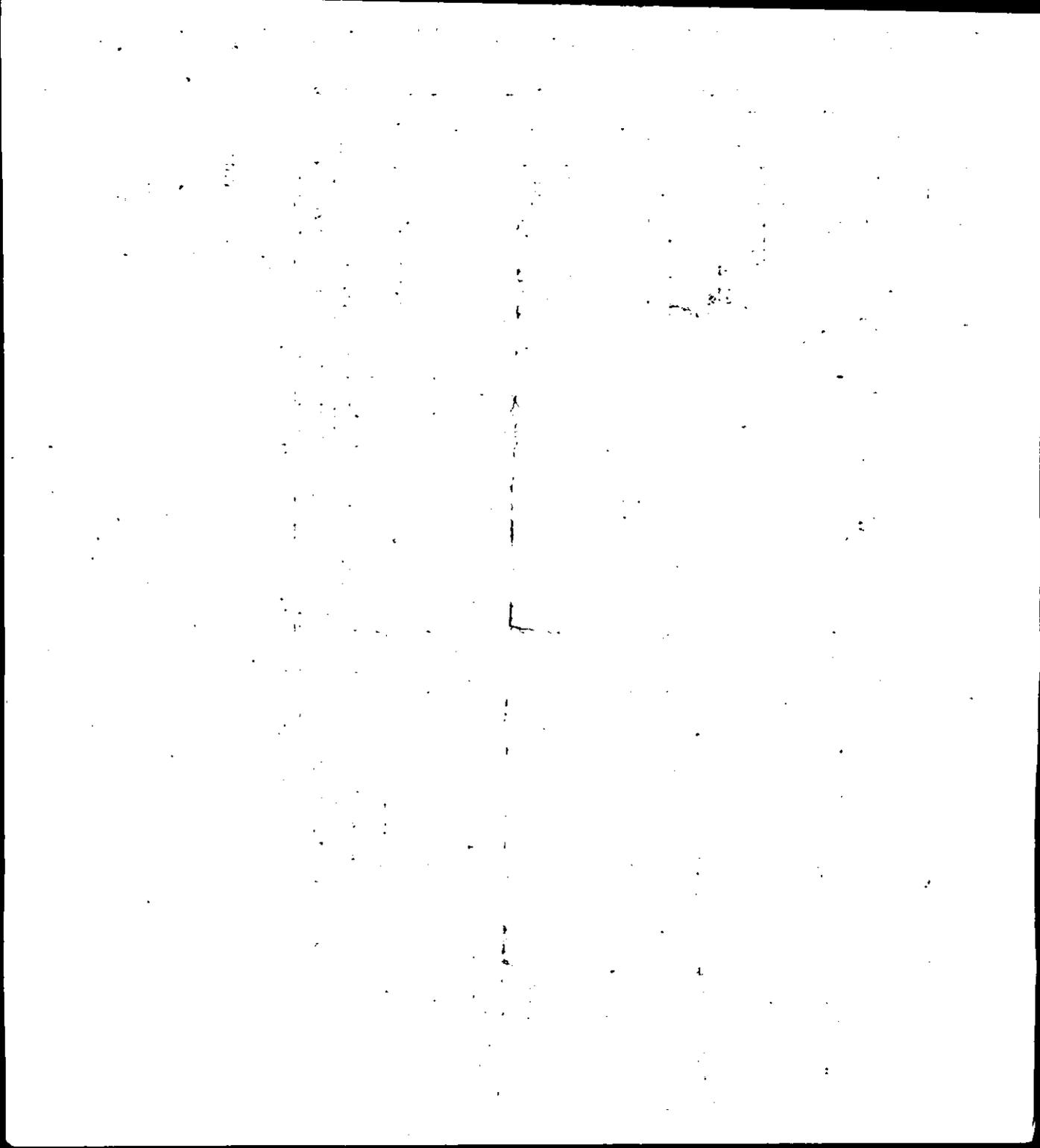
21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 7 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Sept. 2* 19... to *Sept. 7* 1934
 I last saw him alive on *Sept. 7* 1934 Death is said to have occurred on the date stated above, at *3:40* p. m.
 The principal cause of death and related causes of importance were as follows:
Acute dilatation of heart 9/7/34
15 C
450
95 to 2
 Other contributory causes of importance:
Acute Rheumatic Heart disease about 9/2/34
(Organism unknown)
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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?
 If so, specify.....
 (Signed) *J. W. Gray (J. M. Gray)*
 (Address) *2536 Papez*



Sept

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Registration District No. 791
Township
City *St. Louis* (No. *St. Marys Infirmary*) Primary Registration District No.

File No.
Registered No. *9022*
St. Ward)

2. FULL NAME

(a) Residence, No. *Major Napier* St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 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 *m* 4. COLOR OR RACE *B* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *S*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
8 *5* *23*

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *9-10-1934*

19. UNDERTAKER (ADDRESS)

20. FILED *12-7-34* 19... *J. F. Brebeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-9-34* 19...

22. I HEREBY CERTIFY, That I attended deceased from

to 19.....

I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at m.

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

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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 (Signed) *J. F. Brebeck* Registrar, M. D.
(Address) *1526 Papineau*

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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