DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9056

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2539

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community 60 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 24

(d) Street No. 3158 Ohio Avenue (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Dr. Amalie Marie Napier

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Female

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 NOV. (Month) 6 (Day) 1864 (Year)

8. AGE: Years 75 Months 4 Days 10 If less than one day hr. min.

9. Birthplace Milwaukee (City, town, or county) Wisconsin (State or foreign country)

10. Usual occupation Ophthalmologist

11. Industry or business

FATHER
12. Name John Napier
13. Birthplace (City, town, or county) Alsace Lorraine (State or foreign country)

MOTHER
14. Maiden name Anna unknown
15. Birthplace (City, town, or county) Alsace Lorraine (State or foreign country)

16. (a) Informant's own signature Clara Napier

(b) Address 3158 Ohio

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 18, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Biedermieden Funeral Home

(b) Address 1936 St. Louis Avenue

19. (a) MAR 18 1940 (Date received local registrar) (b) J. B. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th year 1940 hour 5 minute 40 A. M.

21. I hereby certify that I attended the deceased from March 4th, 1940, to Mch 15, 1940; that I last saw her alive on March 15, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompensation	1 week
Hypo states	
Due to Broncho Pneumonia	1 day
Due to Chr Cardiac disease	—
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature G M Frank (M. D. or other)

Address 3651 Grandel sq Date signed 3/17/40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 I X19311

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 Max Waifel, Registered Apprentice No. 215, working under my personal supervision.

Signed Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St Louis

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, above space should be left blank.