

Registration District No. 22

Primary Registration District No. Jud

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

1. PLACE OF DEATH

(a) County St. Louis

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

(c) Name of hospital or institution:
Elmer Couveland Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) 2 Weeks

3. (a) PRINT FULL NAME Thomas Franklin Napier

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sarah G. Napier 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 4-7-1849
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>11</u>	<u>13</u>	_____ min.

9. Birthplace Griggoville, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Broom mfg.

11. Industry or business

12. Name Thomas Staples Napier

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

14. Maiden name Anna Johnston

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

16. (a) Informant Marlene Brown

(b) Address 2570 McFarlan Av.

17. (a) Burial (b) Date thereof March 22 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Griggoville Ill.

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4457 Washington Blvd.

19. (a) MAR 21 1942 (b) E. J. McFarlan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 7

(d) Street No. 5715 McPherson Av.
(If rural, give location) 7

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from March 10
1942 to March 20, 1942;
that I last saw him alive on March 19, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

Signature Paul W. Davis (M. D. or other) U
Address 2042 McFarlan Date signed 3/21/42

Davis
Pa. 1063

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.

Signed

John Koetter

Licensed Embalmer No.

3880

P. O. Address _____

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.