

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7813

State File No.

1505

FILED FEB 26 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	
c. LENGTH OF STAY (in this place)		2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>5336 Euwright Av.</i>		d. STREET ADDRESS (If rural, give location) <i>12 5336 Euwright Av.</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>William</i> b. (Middle) <i>G.</i> c. (Last) <i>NaPier</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Feb. 6, 1953</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>June 14, 1883</i>	9. AGE (In years last birthday) <i>69</i>	10. UNDER 1 YEAR Days <i>7</i> Hours <i>21</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Merchant</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Grocery</i>		11. BIRTHPLACE (State or foreign country) <i>Griggsville, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY					

13. FATHER'S NAME <i>Thomas F. NaPier</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah G. Morgan</i>		14. NAME OF HUSBAND OR WIFE <i>Elizabeth NaPier</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <i>Alla J. Eyles</i> ADDRESS <i>1700 State St. Alton Ill</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES			
	DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS - <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>Broncho-Pneumonia</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>331X</i>	

22. I hereby certify that I attended the deceased from *Jan 28, 1953*, to *Feb. 6, 1953*, that I last saw the deceased alive on *Feb. 5, 1953*, and that death occurred at *3:30 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Robert G. Fanello M.D.</i>	23b. ADDRESS <i>624 N. Union</i>	23c. DATE SIGNED <i>7/6/53</i>
--	----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Funeral</i>	24b. DATE <i>2/9/53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Memorial Park Alton</i>	24d. LOCATION (City, town, or county) (State) <i>Ill.</i>
--	-------------------------	--	---

DATE REC'D BY LOCAL REG. <i>FEB 9 1953</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. Bull-Campbell</i> ADDRESS <i>Marysville Ill</i>
--	--	--

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Rex Campbell

Licensed Embalmer No.

3881

P. O. Address

St. Louis, Mo. R. M.

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, fact should be so stated above.