

STANDARD CERTIFICATE OF DEATH

41475

State File No.

FILED DEC 10 1953

| | | | | | | | |
|---|---|--|--|---|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>541</u> | | Registrar's No. <u>3049</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u> | | c. LENGTH OF STAY (in this place) <u>DOA</u> | | c. CITY OR TOWN <u>University City</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>D.O.A. County Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>6600 Washington Avenue.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>EDITH</u> b. (Middle) <u>ADELAIDE</u> c. (Last) <u>NAPIER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 25, 1953</u> | | | | |
| 5. SEX <u>Female</u> | 6. COLOR (OR RACE) <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | | 8. DATE OF BIRTH <u>Feb 23, 1887</u> | | 9. AGE (In years last birthday) <u>66</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Christian Old Peoples Home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>Moses C. Napier</u> | | 13b. MOTHER'S MAIDEN NAME <u>Virginia Dare Napier</u> | | 14. NAME OF HUSBAND OR WIFE <u>- - NONE - - - -</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Maud Napier, Washington D.C.</u> | | | |
| 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. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown natural causes</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>unk</u> | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>7955</u> | | | | | 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Herbert H. Domke</u> (Degree or title) <u>Herbert H. Domke M.D. Local Registrar</u> | | | | 23b. ADDRESS <u>651 S. Brentwood Blvd.</u> | | 23c. DATE SIGNED <u>12-3-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Nov 28, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mount Lebanon Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri.</u> | | |
| DATE REC'D BY LOCAL REG. <u>11/27/53</u> | | REGISTRAR'S SIGNATURE <u>Herbert H. Domke M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Shepard Funeral Home, 1167 Hamilton Ave</u> | | | |

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4108.....

P. O. Address St. Louis Mo.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.