

FILED APR 8 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11673**
Registrar's No. **792**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 792	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ballwin		c. LENGTH OF STAY (in this place) 10 yrs.		c. CITY OR TOWN Ballwin		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 114 Armstrong Lane				e. STREET ADDRESS (If rural, give location) 114 Armstrong Lane			
3. NAME OF DECEASED (Type or Print) a. (First) Troy			b. (Middle) Nicholas		c. (Last) Nappier		4. DATE OF DEATH (Month) (Day) (Year) 3/23/57
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH 2/11/1891	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10b. KIND OF BUSINESS OR INDUSTRY Century Foundry		11. BIRTHPLACE (City and State or Foreign Country) Franklin County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown Nappier			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Nola F. Nappier		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-03-5920		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kenneth Nappier, Ballwin, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC CORONARY DUE TO (c) ARTERY DISEASE				INTERVAL BETWEEN ONSET AND DEATH MOMENTS ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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) (Min.)		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 AUG 1 , 19 53 , to MAR 8 , 19 57 , that I last saw the deceased alive on MAR. 8 , 19 57 , and that death occurred at 10 p m. , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) James E. Meyer MO				23b. ADDRESS BALLWIN, MO.		23c. DATE SIGNED MAR. 25 1957	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/27/57	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery,		24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.		
DATE REC'D BY LOCAL REG. 3-25-57		REGISTRAR'S SIGNATURE Dwight A. Donahoe		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home, Ballwin, Mo.			

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.....

Richard Bopp

Licensed Embalmer No. *4584*

P. O. Address *Ballwin, Md.*

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.