

Registration District No. **791**

Primary Registration District No. **1003**

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:
Mo. Pap. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **3 days**
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Rosemary Doris Fawcett**

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

4. Sex **F** / 5. Color or race **W** 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 **Jan. 19, 1926**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
15 **10** **18** hr. min.

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Student**

11. Industry or business.....

12. Name **Edgar Fawcett**

13. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Lami**

15. Birthplace **Belleville, Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edgar Fawcett**

(b) Address **2538 Circle Dr.**

17. (a) **Burial** (b) Date thereof **12-9-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hiram Cem.**

18. (a) Signature of funeral director **Jay B. Smith**

(b) Address **7456 Manchester**

19. **DEC 9 1941** (b) **J. F. Budzek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. L.**
(c) City or town **Maplewood**
(If outside city or town limits, write "RURAL")
(d) Street No. **2538 Circle Dr.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **7**
year **1941** hour **8** minute **15 A.** M.

21. I hereby certify that I attended the deceased from **Dec 12**, 19**41**, to **Dec 7**, 19**41**;
that I last saw her alive on **Dec 6**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Acute Myocardial Decomposition

Due to **Passive Congestion of lung & liver**
No T.B.

Due to **Chronic nephritis & Hypertension**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **None**

Of autopsy **None**

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.....

23. Signature **J. G. Williamson** (M. D. number) **C**

Address **6336 Clayton Road** Date signed **12/9/41**

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

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MOTHER FATHER

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.....

H. E. Burgess

Licensed Embalmer No.

4029

P. O. Address.....

Maplewood

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.