S. No. 2
M—9-4-41
5-17-38

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19558

FILED JUN 25 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5521

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:
City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ~~[illegible]~~ 12 days (Specify whether
In this community 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town ~~St. Louis Co.~~ University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6722 Crest
(If rural, give location)
(e) Citizen of foreign country? American (Yes or No)
If yes, name country

9/6 3 5 N.R.

3. (a) PRINT FULL NAME James Thomas Fawcett,

3. (b) If veteran, name war None

3. (c) Social Security No. 489-18-8307

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife Opal

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Apr. 30, 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	1	15	hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Fred Fawcett
13. Birthplace Boston, Mass. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Mahney
15. Birthplace St. Louis, Mo (City, town, or county) (State or foreign country)

16. (a) Informant C. Hannon
(b) Address 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/43 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Chas. J. Kron Funeral
(b) Address 4911 Washington Blvd

19. (a) JUN 16 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1943 hour 3:15 p.m. minute M.

21. I hereby certify that I attended the deceased from May 3, 1943, 19..., to June 15, 1943, 19...; that I last saw him alive on June 15, 1943, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Intracranial Hemorrhage

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)
Home While at work? (e) Means of injury

23. Signature J. Herrmann (M. D. or other) MD
Address City Infirmary Date signed 6/15/43

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas R. Lemmick

Licensed Embalmer No. 3793

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