

FILED JUN 18 1946

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **5204**

1. PLACE OF DEATH:  
(a) County St. Lc  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Stone Nursing Home 4373 W. Pine  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 weeks  
(Specify whether  
In this community 87 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
Missouri  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4405 DeTonty St.  
(If Rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY CAROLINE FAWCETT

MEDICAL CERTIFICATION

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month June day 8  
year 1946 hour 3:30 minute \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

4. Sex Female 5. Color or race White

21. I hereby certify that I attended the deceased from March 10 1945 to June 8 1946  
and that death occurred on the date and hour stated above.  
that I last saw her alive on June 5th 1946

6. (b) Name of husband or wife John Wm. Fawcett 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death Ch. Myocarditis Indolent

7. Birth date of deceased June 9 1859  
(Month) (Day) (Year)

Due to Arteriosclerosis Indolent

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>11</u>	<u>29</u>	hr. _____ min. _____

Due to Hypertension Indolent

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Housewife

PHYSICIAN

11. Industry or business \_\_\_\_\_

12. Name Florian Messmer

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Weidmann

15. Birthplace Un available  
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine E. Rausch

(b) Address 6934 Bradley Ave.

17. (a) Burial (b) Date thereof June 11, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marcus Cemetery

18. (a) Signature of funeral director Truth Center Mortuary

(b) Address 4024 Lindell Blvd.

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. F. Bredek (M. D. or other) MD  
Address 3228 Swanton Date signed 6-8-46

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

MOTHER FATHER

Dr. C. V. Wilcox 3228 Iv anhoe  
HI 2895  
Res. 7022 Tholozan HI 7591

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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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed John Ketter  
Licensed Embalmer No. 3880  
P. O. Address.....

**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.**