

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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: Firmin Deslore Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Hospital
(Specify whether years, months or days)
 In this community 11 days

8. (a) PRINT FULL NAME Ruben R. Fenwick 52A

8. (b) If veteran, name war _____ 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rosa McAtee Fenwick 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased January 25, 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 8 If less than one day _____
hr. min.

9. Birthplace Perry County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Saloon Keeper

11. Industry or business _____

12. Name Clement R. Fenwick

13. Birthplace Perry County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Cecelia M. Moore

15. Birthplace Perry County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Thomas R. Fenwick

(b) Address 5923 Maple Ave.

17. (a) Burial (b) Date thereof May 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville, Mo.

18. (a) Signature of funeral director Charles W. Fenwick

(b) Address 4911 Washington Pl

19. (a) MAY 4 1940 (b) J. F. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
 (c) City or town Perryville NR
(If outside city or town limits, write "RURAL")
 (d) Street No. 122 West North St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month May day 3rd
 year 1940 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from April 23, 1940 to May 3, 1940
 that I last saw him alive on May 2nd, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Papillary Carcinoma of Bladder, Urinary

Due to _____

Due to 51

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations as above

Of autopsy as above

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. F. Bredich (D.P. STUTSMAN)
(M. D. or other)

Address 234 University Club Bldg Date signed May 3-40

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 1 X1931

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. Fenwick

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, above space should be left blank.