

FILED MAR 17 1942  
Registration District No. 7784

Primary Registration District No. 1002

Registrar's No.

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

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 Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 1/2 Yrs  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Fred Fawcett, Jr.

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

4. Sex Male 5. Color or race White 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 Feb. 1, 1877  
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 4 If less than one day  
hr. min.

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

10. Usual occupation None

11. Industry or business.....

MOTHER { 12. Name Fred Fawcett, Sr

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

14. Maiden name Mary Mahaney

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

16. (a) Informant Edgar Fawcett

(b) Address 2538 Circle Dr., Maplewood

17. (a) Burial (b) Date thereof 2/7/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Chas. J. Kron

(b) Address 4911 Washington Bl.

19. (a) FFR 5 1942 (b) J. F. Medlock  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....  
(c) City or town St. Louis  
(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 Feb. day 5th  
year 1942 hour 7 minute 05 a M.

21. I hereby certify that I attended the deceased from.....  
..... 19..... to..... 19.....

that I last saw h..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia and  
old fracture of left hip when he  
was struck by Herman  
Bungar, another inmate, Jan  
3rd 1942 about 6:30 o'clock am  
at City Sanitarium

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

Major findings:  
Of operations 166

Of autopsy 175

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) Accident

(b) Date of occurrence January 3, 1942

(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place

(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature Thomas F. Callanan (M. D. or other)

Address Deputy Coroner Date signed 2/5/42

**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 K. 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, fact should be so stated above.**