S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32490

Registration District No. #318

Primary Registration District No. 1003

Registrar's No. 8417

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community About 28 yrs
years, months or days)

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. 5851a Lotus Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME FANNIE FILE

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Henry File

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

7. Birth date of deceased 4 (Month) 20 (Day) 1867 (Year)

8. AGE: Years 80 Months 4 Days 13 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) ILL. (State or foreign country)

10. Usual occupation housework

11. Industry or business

FATHER
12. Name Jessie Smith
13. Birthplace Unknown (City, town, or county) ILL (State or foreign country)

MOTHER
14. Maiden name Millie Fletcher
15. Birthplace Unknown (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Mrs Maud Rexford
(b) Address 5851a Lotus Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-47 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St. Louis Ave.

19. (a) SEP 4 1947 (Date received local registrar) (b) J F Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3rd year 1947 hour 11:50 minute A M.

21. I hereby certify that I attended the deceased from 8/23/47, 19, to Sept. 3rd, 1947; that I last saw her alive on Sept. 3rd, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease & failure

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above

Duration: years

PHYSICIAN — Underline the cause of 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 None

(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? None (Specify type of place)

While at work? (e) Means of injury

23. Signature Robert J Gilbert (M. D. or other) M.D.

Address 1515 LAFAYETTE Date signed 9/3/47

Jefferson City Printing Co.

(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 Ernest W. Gillars

Licensed Embalmer No. 4080

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.