No. 2
1/47
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 21 1948

Registration District No. 6076

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 3477

Registrar's No. 124

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 months 13 Days (Specify whether years, months or days)
In this community: 2 Months and 13 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 5021 Ridge Avenue 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country:

3. (a) PRINT FULL NAME: FANIA, Francis
3. (b) If veteran, name war: WW-1
3. (c) Social Security No.: Unknown
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Stephanie
6. (c) Age of husband or wife if alive: 46 years
7. Birth date of deceased: November (Month) 12 (Day) 1898 (Year)

8. AGE: Years	Months	Days	If less than one day
49	2	1	hr. min.

9. Birthplace: Clayton, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: None
11. Industry or business:
FATHER
12. Name: Ben Fania
13. Birthplace: - (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Lucy Cobb
15. Birthplace: - (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Registrarr
(b) Address: Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Ironton, Mo.
18. (a) Signature of funeral director: C. Hoffmeister U&L Co.
(b) Address: 7814 S.Bdwy. St.Louis, Mo.
19. (a) 1-15-48 (Date received local registrar) (b) [illegible] (Registrar's signature)
Edward Hartmann
(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13 year 1948 hour 11:25 minute P. M.
21. I hereby certify that I attended the deceased from November 1, 1947 to January 13, 1948; that I last saw him alive on January 13, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
GASTRO INTESTINAL HEMORRHAGE	Unk
Contributary cause: CIRRHOSIS OF LIVER	
Due to 124-b	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations:
Of autopsy: No Autopsy performed

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): None
(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: 0
23. Signature: L.E. Stilwell (M. D.)
Address: Jefferson Barracks, Mo. Date signed: 1/14/48

Jefferson City Printing Co.

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. Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.