S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40499

FILED NOV 25 1947

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2392

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Carsonville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Penns Nursing Home 4
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Overland 13
(If outside city or town limits, write "RURAL")

(d) Street No. 9132 Argyle Avenue 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Albert Francis Fanger

3. (b) If veteran, name war None

3. (c) Social Security No. ✓

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Fay G.

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Apr. (Month) 10 (Day) 1892 (Year)

8. AGE: Years 55 Months 7 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Chillicothe (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Mechanic

11. Industry or business .....

FATHER
12. Name Frank C. Fanger
13. Birthplace Avilla (City, town, or county) Ind. (State or foreign country) 1

MOTHER
14. Maiden name Ella S. O'Dell
15. Birthplace Chillicothe (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Fay G. Fanger
(b) Address 9132-Argyle Ave-Overland-14-Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [illegible]
(b) Address 2504-Woodson Rd-Overland, Mo.

19. (a) 11-21-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15
year 1947 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from March 1st, 1947, to Nov 15, 1947, that I last saw him alive on Nov 15, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 day
Due to Cerosis of Liver	2 yrs.
Due to 124b	
Other conditions asthma (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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 .....

(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? ..... (Specify type of place) 2

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

23. Signature [illegible] (M. D. or other)

Address 2573 Woodson Date signed Nov 17

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 24 1949

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. Don Marler

Licensed Embalmer No. 4430

P. O. Address: Overland, 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.