WRITE PLAINLY, WITH UNFADING INK—THIS IS 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19786

File No. .....

Registered No. 5510

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1903

City St. Louis (No. City Hospital St. ..... Ward)

2. FULL NAME Frank R. Smith

(a) Residence. No. 4047 Clayton av St., 18 Ward. (if nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 13th 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	4	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Track Walker
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Wabash R.R.

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9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Wisconsin

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Lena Neubert
(Address) 4047 Clayton av

15. FILED JUN 15 1927 Max B. Starkoff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-14 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..., that I last saw him alive on 5:40 A, 19..., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock & Injuries (Fractured Skull)

Fell down Stairs (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Accident (duration) yrs. mos. ds.

18. WHERE DID DISEASE CONTRACT IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? Yes DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

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(Signed) D. Utt, M. D.
June 1, 1927 (Address) Corona

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Concordia Cemetery	June 16 1927
20. UNDERTAKER Miegshauer Und Co	ADDRESS 4104 Manchester av