

MAR 20 1943  
Registration District No. ....

318

1003  
Primary Registration District No. ....

96  
14  
96  
14  
N.R.

1. PLACE OF DEATH:

(a) County Saint Louis  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Hospital  
(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.....  
(c) City or town Saint Louis (Rock Hill Village)  
(If outside city or town limits, write "RURAL")  
(d) Street No. 921 Leonard Drive  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Frank Haley Smith

3. (b) If veteran, name war..... (c) Social Security No. 401-14-581

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Vera Smith 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased May 7, 1916  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
26 10 3 hr. min.

9. Birthplace Nashville Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Assistant Sales Manager

11. Industry or business Corrugated Fiber Containers

12. Name F. L. Smith

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

14. Maiden name Loula M. Kelly

15. Birthplace Juda Wisconsin  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vera Smith,

(b) Address 921 Leonard Dr.

17. (a) Burial (b) Date thereof Feb. 12, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nashville, Tenn.

18. (a) Signature of funeral director Craig Mortuary

(b) Address 4468 Washington

19. (a) MAR 10 1943 (b) J. F. Fredrick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 10 year 1943 hour 9 minute 18 A.M.

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

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

Immediate cause of death Trucker of truck pulled over  
Leaning over of bridge when this  
Automobile which he was  
operating collided with a  
truck operated by Brown  
of 4181 Northwest Hwy at  
14:30 PM Mar 9 1943  
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: NO  
Of operations.....  
Of autopsy.....  
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 000

(b) Date of occurrence Mar 9 1943

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

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

While at work? NO (Specify type of place) (c) Means of Injury Auto

23. Signature W. J. Perry (M. D. or other)

Address 1111 1/2 E. 10th St. Date signed 3/10/43

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

MOTHER FATHER

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**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 Philip M. Brown  
Licensed Embalmer No. 3281  
P. O. Address 4468 Washington

**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.**