

SEP 29 1936 MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 333  
 Township St. Ferdinand Primary Registration District No. 4468  
 City Robertson No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

32175

File No. \_\_\_\_\_

Registered No. 158

2. FULL NAME

(a) Residence, No. 18 Hickory St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
42 - - - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Western Represent.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lake Tankers Corp

10. Date deceased last worked at this occupation (month and year) 8/5 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME Frank C. Wright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓

15. MAIDEN NAME ✓

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓

17. INFORMANT A. W. Frey (ADDRESS) 5736 Cantwell St. Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE TARRY TOWN-ON-HUDSON, N.Y. DATE 8-8-36

19. UNDERTAKER Bauman Bros. Inc. (ADDRESS) Overland, Mo.

20. FILED 8/7 1936 W. A. Zetler Registrar Paul Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/5 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11P m.

The principal cause of death and related causes of importance were as follows:

Maceration of head and brain. Date of onset  
 Comminuted fracture of left leg, (lower 3rd) with maceration of soft tissue at this area. Fracture of rt. arm, about middle lower arm, also complete fracture of left wrist, known as Colliers fracture. Other contributory causes of importance:  
 Multiple lacerations, contusions, and abrasions generalized over body and extremities.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? OVER (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_

(Signed) Paul Smith 8/7/36 M. D.  
 (Address) 3718 Jennings Rd.  
Courier & Son & Co.

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.

Sec; Mascularion of head, including  
all facial bones, skull and brain.  
with hemorrhage.

Airplane crash at Lambert St. Louis Field,  
Robertson, St. Louis County, Mo.

Verdict of Jury: We the jury find the  
cause of this accident unknown-by airplane.

JAN 26 1948