

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

Do not use this space.

27528

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City ST. LOUIS MO. (No. 2522 W. HEBERT ST.)

File No.....  
Registered No. 7341  
St. .... Ward.....

**2. FULL NAME JOSEPH SMITH.**

(a) Residence, No. 2522 W. HEBERT ST. St. 20 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. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX MALE. 4. COLOR OR RACE WHITE. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWER.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/11/1852.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
80 1 27.

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

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS. 2

13. NAME JAMES A. SMITH.

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

15. MAIDEN NAME NOT KNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS. 21

17. INFORMANT (ADDRESS) M. J. E. Richard  
5222 BOMITO

18. BURIAL, CREMATION, OR REMOVAL PLACE FRIEDENS CEMETERY DATE 8/10/32. 19.....

19. UNDERTAKER (ADDRESS) Provoch and Co  
3710 N. GRAND BL'VD.

20. FILED ACU 9 153 1932 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/8/32. 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-1-1932 to 8-8-1932  
I last saw him alive on 8-8-1932 Death is said to have occurred on the date stated above, at 4-05 P.M.  
The principal cause of death and related causes of importance were as follows:

Myocardial chronic  
930  
162  
930  
Other contributory causes of importance:  
Smoking (1)

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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?..... (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) Chas. H. Arell M. D.  
(Address) 2701 N. MISS.

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.

