

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

Do not use this space.

34320

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis, Mo. (No. 2356 S. 10th Street) St. .... Ward)

File No.....  
Registered No. 9685

**2. FULL NAME** Richard Thomas Smart

(a) Residence, No. 2356 S. 10th Street St., 23 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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie Smart  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1880  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
52 4 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Court Clerk  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 185  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri (STATE OR COUNTRY)

13. NAME Thomas Smart

14. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri (STATE OR COUNTRY)

15. MAIDEN NAME Anna Meyer

16. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri (STATE OR COUNTRY)

17. INFORMANT Carrie Smart (ADDRESS) 2356 S. 10th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pauls DATE Nov. 3rd 1932

19. UNDERTAKER Wack Bros. (ADDRESS) 2201 S. Grand Blvd.

20. FILED NOV - 1 1932 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 30 - 1932  
22. I HEREBY CERTIFY, That I attended deceased from June 14 1930 to Oct 30 1932  
I last saw him alive on Oct 30 1932 Death is said to have occurred on the date stated above, at 6:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
930  
945  
Other contributory causes of importance:  
Coronary Sclerosis

Name of operation..... Date of.....  
What test confirmed diagnosis? Phys. findings Was there an autopsy? no

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) Del Monte M.D.  
(Address) 209 E. Broadway

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.

