MAR 5 - 1937

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

Do not use this space.

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8556

File No.
Registered No. 2011

1. PLACE OF DEATH

County
Township
City Saint Louis (No. 4136 Delmar Blvd. St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Joseph W. Smart

(a) Residence, No. 4136 Delmar Blvd. St., 19 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	75	2	18	

OCCUPATION

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

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

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) Canada

FATHER

13. NAME Joseph Smart

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

MOTHER

15. MAIDEN NAME Margaret Hayes

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

17. INFORMANT Agnes Smart,
(ADDRESS) 4136 Delmar Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jewish Hill Cemetery DATE Feb. 18, 1937

19. UNDERTAKER CRAIG UNDERTAKING COMPANY
(ADDRESS) 4468 Washington Blvd.

20. FILED FEB 17 1937 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1936 to Feb 16, 1937
I last saw him alive on Feb. 16, 1937. Death is said to have occurred on the date stated above, at 11 30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile debilitation of heart	unknown
Chronic myocarditis	"
Hypertension	"
Chronic nephritis	"

Other contributory causes of importance:

Senile changes.

Name of operation Date of
What test confirmed diagnosis? physical 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? no
If so, specify
(Signed) F. L. Gibbs, M. D.
(Address) 5298 Page Ave.

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.