

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

Do not use this space.

15268

15001

1. PLACE OF DEATH

County..... Registration District No. 70
Towship..... St Louis Primary Registration District No. 100
City..... St Louis (No. Woodbine Hotel)

File No.
Registered No. 4196
SL. Ward

2. FULL NAME

Samuel L Smiley
(a) Residence, No. 2110 Penrose St., 9 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 Barrie L Smiley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt. 46 - - -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Postal clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo

10. NAME OF FATHER Charles P Smiley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Ellen Flynn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Mr Barrie L Smiley
(Address) 2110 Penrose St

15. FILED APR 17 1928 REGISTRAR Arthur C Stanley

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) found dead April 15 1928

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 5:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paraldehyde 179X
Whether Accidental Poisoning 930
or Intentional Poisoning
CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Kerner M.D.
Mo. 1928 (Address) Dep Corcoran

*State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Milward Mo DATE OF BURIAL 4/18 1928
20. UNDERTAKER Arthur J Donnelly ADDRESS 2039 Wash St

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.

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APR 8 1961

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