MAR 24 1934

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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. 789 — File No. 10304
Township St. Ferdinand — Primary Registration District No. 6033-B — Registered No. 64
City Nelson (No. Frank Fix Fuel & Material Co. 5836 Helen Ave. Ward)

2. FULL NAME Daniel F. Smulley
(a) Residence, No. 5461 Plover Ave 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Lena Smulley (Bohm)

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

7. AGE — YEARS: 58 yrs — MONTHS: 0 — DAYS: 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employee
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sweet Provision Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 25 yrs.

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

FATHER
13. NAME Daniel Smulley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Julia Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs. Lena Smulley 5461 Plover Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem DATE Mar. 8 1934

19. UNDERTAKER (ADDRESS) Math. Hermann & Son 2161 East Fair Av.

20. FILED 3-7- 1934 H. A. Bachmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/5/34 , 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:30PM
The principal cause of death and related causes of importance were as follows:

Chr. fibrenous myocarditis, Chr. pericarditis, Chr. Interstitial nephritis, Chr. generalized artero sclerosis, obesity.

Date of onset

Other contributory causes of importance:
Coronary arterio sclerosis, most pronounced, calcified almost thru-out coronary arteries. Acute

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? ------
(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) Luke B. Turnon, M. D.
(Address) 3718 Jennings Rd
Coroner St. Louis Co., Mo.

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.

hemorrhagic occlusion of right coronary artery, near its approximate.