

S. No. 2  
M-5-42  
5-17-39  
I-X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32460

FILED NOV 4 1942  
Registration District No. 318

Primary Registration District No. 1003

State File No. \_\_\_\_\_  
Registrar's No. 8781

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**DePaul Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **726 Limit University City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **726 Limit**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Joseph Smissman**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Oct.** day **21**  
year **1942** hour **1:30** minute **05** M.

3. (b) If veteran, name year \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

21. I hereby certify that I attended the deceased from **10-29** 19**42** to **10-21** 19**42**  
that I last saw him alive on **10-21** 19**42**  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**

Immediate cause of death:  
**Carcinoma Stomach metastatic to liver**

6. (b) Name of husband or wife **Sarah Smissman** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Sept. 15 1888**  
(Month) (Day) (Year)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
**61 1 6** hr. min.

9. Birthplace **Russia 6**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Business Broker**

11. Industry or business \_\_\_\_\_

12. Name **Samuel Smissman**

13. Birthplace **Russia 6**  
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Blöelweiss**

15. Birthplace **Russia 6**  
(City, town, or county) (State or foreign country)

16. (a) Informant **David Pasternak**  
(b) Address **6246 Enright**

17. (a) **Burial** (b) Date thereof **10-23-1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **B'nai Amoona Cemetery**

18. (a) Signature of funeral director **Herman Kinsch**  
(b) Address **5216 Delmar Blvd.**

19. (a) **OCT 22 1942** (b) **J. F. Brudek**  
(Date received local registration) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
23. Signature **J. F. Brudek** (M. D. or other) **M. D.**  
Address **5899 Delmar** Date signed **10/22/42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

---

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Chas. W. Cooper*

Licensed Embalmer No. *3830*

P. O. Address. *5216 Delmar*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**