

U. S. No. 2  
OM-5-42  
Rev. 5-17-39  
P-1 X3287

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4786

State File No. ....

FILED MAR 2 1943 318

Registration District No. .... Primary Registration District No. .... 100

Registrar's No. 15723

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 5816a Enright  
(d) Length of stay: In hospital or institution 54 yrs  
In this community 54 yrs

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 5816a Enright  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Anna Smissman  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 16 year 43 hour 2 minute A M.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed 2 divorced, widowed  
6. (b) Name of husband or wife Samuel Smissman 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased (unk)

21. I hereby certify that I attended the deceased from 2-7 1942 to 2-16 1943 that I last saw her alive on 2/8 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
ab. 71 .hr. min.

Immediate cause of death Coronary Occlusion

9. Birthplace Kamarnetz Podolsk Russia 6  
at home

Due to Myocarditis  
Due to Atherosclerosis General  
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation  
11. Industry or business  
12. Name Samuel Louis Bleiweiss  
13. Birthplace Russia 6  
14. Maiden name Ita Bishop  
15. Birthplace Russia 6

Major findings: Of operations  
Of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Flora Goldman  
(b) Address 5816a Enright  
17. (a) burial (b) Date thereof 2/17/43  
(c) Place: burial or cremation Chesed Shel Emeth  
18. (a) Signature of funeral director Berger Memorial  
(b) Address 4715 McPherson  
19. (a) (b) J. F. Brudok

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature M. D. or other  
Date signed 2/16/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
5899 Delman

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**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..... *N. D. Berger*.....  
..... Licensed Embalmer No. *1597*.....  
..... P. O. Address..... *1597*.....

**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.**