

7. S. No. 2
FORM-2-43
Rev. 5-17-39
I X35697

12001

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 3 1947

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 708

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rural 1st ward Township
(c) Name of hospital or institution JEWISH SANATORIUM
(d) Length of stay: In hospital or institution 12/6/36
In this community 41 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town rural 1st ward Township
(d) Street No. Fee Fee Road
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME ABRAHAM SMISSMAN

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife EDITH SMISSMAN 6. (c) Age of husband or wife if alive (unk) years

7. Death date of deceased: April 15 1881

8. AGE: Years 65 Months 11 Days 9 If less than one day hr. min.

9. Birthplace USSR

10. Usual occupation Retired

11. Industry or business Retail Grocer

MOTHER FATHER

12. Name Zalman Smissman

13. Birthplace USSR

14. Maiden name Leah Kukler

15. Birthplace USSR

16. (a) Informant Mrs. Jeanne Zemliak

(b) Address 7515 Buckingham

17. (a) burial (b) Date thereof 3/25/47

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) 3-28-47 (b) Arthur J. Allen

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1947 hour one minute one P.M.

21. I hereby certify that I attended the deceased from September 6 1936 to September 6 1947 that I last saw alive on March 24 and that death occurred on the date and hour stated above.

Immediate cause of death acute asthma Duration

Due to 112

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Alleg. Moore (M. D. or other)

Address JEWISH SANATORIUM Date signed 3/24/47

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

96
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#96
1-47

APR 2 1947

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 *Arthur A. Ludwig*

Licensed Embalmer No. *4829*

P. O. Address.....

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.