

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32196

State File No.

#103021

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **8077**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) <i>11</i>		d. STREET ADDRESS (If rural, give location) <i>6 5758 Terry</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.			
3. NAME OF DECEASED (Type or Print) a. (First) SAM b. (Middle) c. (Last) SMISSMAN		4. DATE OF DEATH (Month) (Day) (Year) Sept. 18th, 1949	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>4-7-1897</i>
9. AGE (In years last birthday) <i>52</i>		10. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <i>Tailor</i>	11. BIRTHPLACE (State or foreign country) <i>Russia</i>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <i>news</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13a. FATHER'S NAME <i>Don Berl Smissman</i>		13b. MOTHER'S MAIDEN NAME <i>Shandel Shanberg</i>	14. NAME OF HUSBAND OR WIFE <i>Flora</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Flora Smissman 5758 Terry</i>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Uremia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Pneumia</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>30</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>026X</i>	
22. I hereby certify that I attended the deceased from <i>8/27/49</i> , 19 <i>49</i> , to <i>9/18/49</i> , 19 <i>49</i> , that I last saw the deceased alive on <i>9/18/49</i> , 19 <i>49</i> , and that death occurred at <i>8:10P</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Robert Kiyasu M.D.</i>		23b. ADDRESS <i>1515 Lafayette Ave.,</i>	23c. DATE SIGNED <i>9/19/49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>9-20-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Chapel Shel Emeth</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo</i>
DATE REC'D BY LOCAL REG. SEP 19 1949	REGISTRAR'S SIGNATURE <i>J.B. Lancaster</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Donhauler 5010 Emigh</i>	

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer _____

Signed _____

W. G. Benharder

Licensed Embalmer No. _____

3169

P. O. Address _____

5010 Coughlin

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.