

FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36012

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 0317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3470

42-100  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <i>St. Louis Mo</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Airport Townships</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <i>2815 Goodfellow</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>JEWISH SANATORIUM</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Louis</i> b. (Middle) _____ c. (Last) <i>Smissman</i>			4. DATE OF DEATH (Month) <i>10</i> (Day) <i>20</i> (Year) <i>51</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Unknown</i>	9. AGE (In years last birthday) <i>Abt. 44</i>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Druggist</i>	11. BIRTHPLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>

13a. FATHER'S NAME <i>Ben Smissman</i>	13b. MOTHER'S MAIDEN NAME <i>Sheindel Shenberg</i>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <i>no</i> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <i>494-07-3216</i>	17. INFORMANT'S SIGNATURE OR NAME <i>A. Shenberg-7346 Balson</i>	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH <i>ca 2 1/2 years</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>chronic congestive heart failure</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>aortic pneumonic heart disease (with stenosis) since child hood</i>		
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"/>
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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>411X</i>
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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? _____
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22. I hereby certify that I attended the deceased from *August 19, 1957*, to *October 20, 1957*, that I last saw the deceased alive on *October 20, 1957*, and that death occurred at *1:35 P.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Archie Sincore M.D.</i>	23b. ADDRESS <i>Jewish Sanatorium Fee Fee Road, Robertson, Mo.</i>	23c. DATE SIGNED <i>10/20 57</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>10/21/51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emeth Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>10-21-51</i>	REGISTRAR'S SIGNATURE <i>Herbert R. Lomke</i>	FUNERAL DIRECTOR'S SIGNATURE <i>Herbert R. Lomke</i>	ADDRESS <i>5216 Debar</i>
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RECEIVED

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 *Peter B. Dubrouillet*

Licensed Embalmer No. *3894*

P. O. Address *Richmond, Virginia*

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.