

FILED OCT 18 1941 791

Registration District No. _____ Primary Registration District No. 1003

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:
Jewish Hospital /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one day
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME MAX SAEKS
3. (b) If veteran, name war _____
3. (c) Social Security No. 488-09-3603

4. Sex male / **5. Color or race** white
6. (a) Single, widowed, married, divorced / married
6. (b) Name of husband or wife Joy Saeks
6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased November 16 1909
(Month) (Day) (Year)

8. AGE: Years 33 Months 9 Days 15
If less than one day _____ hr. _____ min.

9. Birthplace Okley / Minnesota
(City, town, or county) (State or foreign country)

10. Usual occupation Buyer

11. Industry or business Puro Company, Inc.

MOTHER { **12. Name** Hyman Saeks
13. Birthplace unknown / Russia
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Levinson
15. Birthplace unknown / Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs A. L. Saeks
(b) Address 7542 Wellington Way, Clayton, Mo.

17. (a) removal **(b) Date thereof** Sept. 2/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dayton, Ohio.

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Bldg., St. Louis, Mo.

19. (a) SEP 1 1941 **(b)** [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Clayton N.P. 2
(If outside city or town limits, write "RURAL") 3
(d) Street No. 7558 Parkdale Drive
(If rural, give location) 1
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1941 hour 5 minute P. M.
21. I hereby certify that I attended the deceased from 8/27
_____, 1941 to 8/31, 1941;
that I last saw h. alive on Aug. 31, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Dissecting aneurysm (non-specific) of aorta
Due to Hypertensive heart disease
Due to _____
Other conditions (Include pregnancy within 3 months of death) 96
Major findings: Of operations _____
Of autopsy _____

Duration 2 weeks
years _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Wm. S. [Signature] (M. D. or other) 0
Address 634 N. Grand Date signed 9/1/41

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

05-11-1905
Mrs. Shenton Pella
JE-9005
HRS-

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 Clarence A. Murr

Licensed Embalmer No. 4011

P. O. Address St. Louis

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

If this body is not embalmed, above space should be left blank.