

FILED OCT 29 1947

Registration District No. 3477

Primary Registration District No. 6076

Registrar's No. 2258

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

1. PLACE OF DEATH:

(a) County St. Louis Mo  
(b) City or town North Airport Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: JEWISH SANATORIUM 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 years 3 months  
(Specify whether years, months or days)  
In this community 43 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000  
(c) City or town St Louis 17  
(d) Street No. 5633 Cole Boulevard  
(If outside city or town limits, write "RURAL"  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) /  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Mary Maas

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

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Widowed  
7. Birth date of deceased Unknown  
(Month) (Day) (Year)

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

9. Birthplace Russia  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Abraham David Perikow

13. Birthplace Russia  
(City, town, or county) (State or foreign country)

14. Maiden name Saba

15. Birthplace Russia  
(City, town, or county) (State or foreign country)

16. (a) Informant Sidney Maas

(b) Address 707 Eastgate

17. (a) Burial (b) Date thereof 10-24-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel St. Emeth

18. (a) Signature of funeral director Benhandler

(b) Address 5010 Bunker

19. (a) 10-28-47 (b) Gene A. Shyne  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23 year 1947 hour three minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from July 27, 1947, to October 23, 1947; that I last saw her alive on October 23, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: hypertensive and atherosclerotic heart disease  
2) diabetes mellitus  
Duration About 1 year

Due to \_\_\_\_\_  
Due to 61

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) (c) Means of injury D

3. Signature Alio Suovic (M. D. or other) \_\_\_\_\_  
Address JEWISH SANATORIUM Date signed 10/23/47

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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 *W. J. Penhallow*  
Licensed Embalmer No. *2669*

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.**