

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

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Rural Newport Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: JEWISH SANATORIUM
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution April 27, 1947
 (Specify whether years, months or days) 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
 (c) City or town rural Newport Township
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5879 1/2 St. Edge
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME

Cytron Paul

3. (b) If veteran, name war.....

3. (c) Social Security No. 1

4. Sex m. 5. Color or race white
 6. (a) Single, widowed, married, divorced, separated
 6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased 1882
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month May day 13
 year 1947 hour 8 minute 15 # M.
 21. I hereby certify that I attended the deceased from April 27
1947 to 13 May 1947
 that I last saw him alive on 13 May 1947
 and that death occurred on the date and hour stated above.
 Immediate cause of death Carcinoma of the left lung
 Duration 3 months

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

9. Birthplace Talash (City, town, or county) (State or foreign country) 4

10. Usual occupation she worker

11. Industry or business

MOTHER FATHER {
 12. Name unknown
 13. Birthplace Rumania (City, town, or county) (State or foreign country) 6
 14. Maiden name unknown
 15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant Hyman Cytron
 (b) Address 5870 Maffitt

17. (a) Burial (b) Date thereof 5/14-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesterfield Emeth
Funeral Home

18. (a) Signature of funeral director Paul Cytron
 (b) Address 5010 E. 1st St

19. (a) 5-13-47 (b) Paul Cytron
 (Date received local registrar) (Registrar's Signature)

Due to.....
 Due to..... H70
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations.....
 Of autopsy.....
 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) (c) Means of injury 0
 23. Signature John Curran (M. D. or other)
 Address JEWISH SANATORIUM Date signed 5/14/47

MAY 21 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

J. B. Benharder

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.