

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

Aug 22 1935

**791  
1003**

File No. **27604**  
Registered No. **6644**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City St. Louis, Mo. (No. 1237 N. Euclid ave.)

**2. FULL NAME**

Osher Cytron  
(a) Residence, No. 1237 N. Euclid ave. St. 12 Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bessie Cytron</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS	MONTHS	DAYS
<u>about 60</u>	<u>-</u>	<u>-</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Metal Worker</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Steel mill</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1928</u>	11. Total time (years) spent in this occupation. <u>20 yrs.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
FATHER	13. NAME <u>Beril Cytron</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
MOTHER	15. MAIDEN NAME <u>Hanna Yochva</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
17. INFORMANT <u>Sol Cytron</u> (ADDRESS) <u>1237 N. Euclid ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chesed Shel Emeth</u> DATE <u>Aug 4</u> 19 <u>35</u>		
19. UNDERTAKER <u>Oren Landis Funeral Dir.</u> (ADDRESS) <u>4469 Washington Blvd.</u>		
20. FILED <u>1003 - 4</u> 19 <u>35</u> <u>I. F. Prudect</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1935, to Aug. 3 1935  
I last saw him alive on Aug. 3 1935 Death is said to have occurred on the date stated above, at 4:05 p.m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of Pancreas  
Date of onset \_\_\_\_\_

Other contributory causes of importance: 46

Name of operation Laparotomy Date of \_\_\_\_\_  
What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) George Hinson, M. D.  
(Address) 508 N. Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

