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.

OCT 5 1936

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

Do not use this space.

35652

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Lutheran Hospital St. ..... Ward)

File No. ..... Registered No. 9268

2. FULL NAME Gustave Cytron

(a) Residence, No. 6603 Clemens St., NR Ward. U. City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Minnie Cytron

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): ~~Aug~~ Dec. 25, 1875

7. AGE: ~~Aug~~ 60 YEARS; MONTHS —; DAYS —; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Insurance

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Volhynia U.S.S.R

FATHER

13. NAME: Abraham Cytron

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U.S.S.R.

MOTHER

15. MAIDEN NAME: SARAH (unk)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U.S.S.R.

17. INFORMANT (ADDRESS): Leon Leonson 717 Heman

18. BURIAL, CREMATION, OR REMOVAL PLACE: Chesed Shel Emeth DATE: 9/8/36, 19

19. UNDERTAKER (ADDRESS): H. B. Berger 4715 McPherson

20. FILED SEP 8 1936, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1936 to Sept, 1936

I last saw him alive on Sept 6, 1936. Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Exhaustion	July
Stroke	1936
Encephalitis degenerative	
Non Epidemic	

Other contributory causes of importance:

191

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

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) A. M. Frank, M. D.

(Address) 3651 Grandel sq