V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32188

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8750

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (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 4 weels (Specify whether

In this community 36 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 5870 Maffit (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jennie Cytron

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Paul Cytron

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years Abt. 60 Months — Days — If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housework

FATHER
12. Name Harry Foxhiches
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Hinda Lerman
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant Hymen Cytron

(b) Address 5870 Maffit

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-15-44 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Openhandler

(b) Address 4469 Washington Blvd

19. (a) OCT 15 1944 (Date received local registrar) J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13 year 1944 hour 2 Pm minute M.

21. I hereby certify that I attended the deceased from Sept 16, 1944 to Oct 13, 1944 that I last saw her alive on Oct 13, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Adeno. Carcinoma N. Sigmoid

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma N. Sigmoid

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Ham Sauder (M. D. or other)

Address 634 N. Grand Date signed 10.14.44

(Licensed Embalmer's Statement on Reverse Side)

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. B. Reinhardt

Licensed Embalmer No. 3669

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.